



APPLICATION
FARMER \$5 P/WEEK
MAY 13TH THROUGH OCTOBER 28TH 2017
MARKET GUIDELINES APPLY

Name _____
(Individual or Business and Owner)

Street Address _____

City _____ State _____ Zip _____

Phone(Day) _____ (Eve) _____

Email / Website _____

Please provide a copy of your liability Insurance or include \$25 to be placed on the Markets plan for the season.

Type (s) of Produce:

Produce Fruit Dairy Eggs Meat Live Plants Cut Flowers Herbs

Please describe all items to be sold and permits if needed for any product (such as prepared food or meats):

If you know which days you would like to attend or which months, please specify them here: (you will still need to confirm one week prior to each Saturday you intend to come.)

May 13th through October 28th 8am – 12 Noon **rain or shine every Saturday.**

I have read and understand the rules and guidelines of the Downtown Farmers Market. I certify that the goods I will bring to sell are made and produced by myself or within the business that I own. I understand that the Downtown Farmers Market may use my name and photographs for advertising purposes.

Signature(s) _____ Date _____

For the benefit of e-mail newsletters and space limitations we need to know one week in advance of all participating vendors for the next market. *Thank you.*

EMAIL: downtownfarmersmarket@YAHOO.com Fax: 435.656.0504 Phone: 435 632-3721

FACEBOOK: <https://www.facebook.com/downtownfarmersmarketstgeorge>

WEBSITE: <http://www.farmersmarketdowntown.com>

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