

FLUVANNA COUNTY FARMERS' MARKET Application 2016

"LOCAL Producers Working in Voluntary Cooperation"

Applicant Name: _____ BUSINESS Name: _____

Address: _____

Phone (Home) _____ (Cell) _____

Email _____

List all products currently for sale, and those you plan to bring during this year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Statements must be signed and dated by producer completing this application:

- A. I have read and understand the market rules' concerning the operation of the Fluvanna County Farmer's Market for the operation year **2016** and agree to abide by them so long as I participate in the Fluvanna County Farmer's Market. I understand that any failure on my part to abide by these rules and regulations could be grounds to terminate my participation in the market.
- B. **I have read the VDACS' regulations and agree to abide by them taking full responsibility for my own actions as a vendor.**
- C. **I will pay the \$100.00 annual fee (Jan. thru Dec.) to offset the cost of advertising locally and market insurance,** as directed by the Fluvanna Farmers Market Members. Make check payable to Fluvanna Farmers Market Association.

Signature _____ Date _____