## Florence /Lauderdale Farmers Market

## VENDOR APPLICATION

Contact Information						
Farm /Business Name:						
Primary Contact:						
Address:		City: Sta		State:	_Zip:	
Primary Phone:	Other:		Email Address	<b>:</b>		
Authorized Agents (if any):						
Social Media						
Website:	Facebook:		Instagrai	m:		
What forms of payme	nt do you take? (d	check all th	at apply)			
Cash Checks Debit/	Credit Cards SFMN	P Vouchers	EBT Card I	PayPal Venmo	CashAp	р
Are you registered with you	•		for a Growers	Permit? Yes	No	
List the products you pla	n to bring to marke	et:	•	tage of your product	, ,	
			0-	50% 50-80%	80-100%	100%
I agree to clearly display sign	rage indicating the ar	igin of AII i	aroducte.		(signat	-11#0\
agree to clearly display sign	lage indicating the or					urcj
Do you sell Home Processed			ou Cottage Food	d Safety Certified	? Yes	No
List the home processed produc	ets you plan to bring to	market:				
I d	. 4 4 4 C.44 T	7171	D	D., 4., 4 14 . 4 E	M	.1 4 .
I understand that products pro have very specific labeling requ	irements and I agree to	abide by thos	e labeling requir	ements.	armers Mar	Kets
		•		Signatu	ıre	
In signing this application, I ackn	0 1	•				
Farmers Market (the "Market"). I	· · · · · · · · · · · · · · · · · · ·		•			
privileges of selling at the Market	•				-	
premises where my products are pr	•					
Market, the City of Florence, the	•			•		•
and all liability arising in connection			_	•		•
to obtain any and all applicable li taxes which may be incurred by sel	-	-	• •		•	
					_	
I have carefully read the Rules					-	
of Agriculture and Industries D				ŭ	Food Law.	
I understand the commitment	and will ablue by the K	cules and Guid	eimes as set forti	n.		
Farm/Business Name:						
Signature:			Date:			
Printed Name:						