



2019 FARMERS MARKET OF BLUFFTON

January 10, 2019 – December 19, 2019

WHOLE FOODS/HORTICULTURAL VENDOR APPLICATION (produce, honey, eggs, raw meat/seafood, plants, etc.)

Name of Farm/Business: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Farm/Business Address (if different): _____

Months during which you plan to sell at the market: _____

Forms of payment you will accept: Cash _____ Credit/Debit _____ Check _____

Other (WIC, SNAP, etc.): _____

Please circle the growing methods used on your farm:

Conventional Organically Grown USDA Certified Organic Nationally Grown Certified

Other: _____

Please list all items that you plan to sell that are harvested from your farms.

Crop/Item

Acreage

Harvest/Sell Date

Please list the names of other independent farms whose produce you may be selling.

Farm/Location	Crop/Item	Harvest/Sell Date	Growing Method

ALL PRODUCE MUST HAVE BEEN HARVESTED WITHIN SOUTH CAROLINA, NORTH CAROLINA, OR GEORGIA.

ITEMS FROM OTHER INDEPENDENT FARMERS MUST NEVER REPRESENT MORE THAN 50% OF YOUR TOTAL INVENTORY FOR SALE.

ALL ITEMS MUST BE LABELED WITH NAME OF ITEM, PRICE, FARM & THE LOCATION WHERE IT WAS HARVESTED. (example: Carrots, \$3/bunch, Kim’s Farm, Bluffton, SC)

ANY MISREPRESENTATION WILL RESULT IN THE VENDOR’S IMMEDIATE TERMINATION OF PARTICIPATION.

Please include a written description your business including history, store location, services, size, background, etc., to be used in our vendor profiles. This description can be written on the back of this page or emailed to manager@farmersmarketbluffton.org. Include logos and/or photos if available.

Upon approval of this application, a copy of each of the following documents will be required before participation as a vendor in the Farmers Market of Bluffton:

- Bluffton Business License (www.townofbluffton.gov)
- General Liability Insurance

I have read and agree to comply with the Farmers Market of Bluffton’s Rules & Regulations. I understand its violations and sanctions, including grounds for suspension and disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

Signature: _____ Date: _____

**Please forward completed application to:
Farmers Market of Bluffton
Attn: Kim Viljac, Executive Director/Market Manager
PO Box 447, Bluffton, SC 29910
manager@farmersmarketbluffton.org 843.415.2447**