

2020 FARMERS MARKET OF BLUFFTON

January 9, 2020 – December 17, 2020

WHOLE FOODS/HORTICULTURAL VENDOR APPLICATION

(produce, honey, eggs, raw meat/seafood, plants, etc.)

Name	of Farm/B	usiness:							
Name	of Applica	nt:							
Mailing	g Address:								
City:				State:	Zip:				
Phone:				Cell:					
Email:				Website:					
Farm/E	Business A	ddress (if different	t):						
Month	s during w	hich you plan to se	ell at the market:						
Forms of payment you will accept: Cash				Credit/Debit	Check				
Other	(WIC, SNA	NP, etc.):							
	Please circle the growing methods used on your farm:								
Conve	ntional	Organically Grow	n USDA Ce	rtified 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 disgualification. 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 (843.304.3041 text)