



# 2026 FARMERS MARKET OF BLUFFTON

January 8, 2026 – December 17, 2026

## NON PROFIT ORGANIZATION APPLICATION

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please describe your organization's mission statement, include your non-profit status, and list the activities in which you wish to conduct at the Market: (distribute brochures, collect emails, etc.)

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Which Market/s would you like to attend? \_\_\_\_\_

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**

**PO Box 447, Bluffton, SC 29910**

**[manager@farmersmarketbluffton.org](mailto:manager@farmersmarketbluffton.org) 843.415.2447**