



2019 Walkup Application

All information must be legible and complete

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

E-mail: _____

Product(s) selling: _____

Vendors are required to comply with all local, state and federal regulations/licensing requirements. A copy of applicable license(s) must be turned in to the Union County Farmers Market prior to selling applicable products at the Union County Farmers Market. I understand that Union County, the Union County Farmers Market, and the Farmers Market Committee will not assume responsibility for any loss/injury encountered while participating at the Union County Farmers Market.

I have read, understand and agree to comply with the Rules and Regulations of the Union County Farmers Market. I am over the age of 18 years old, and I am the Vendor/Applicant responsible for participation in the Farmers Market. I understand that representatives/committee members from the Union County Farmers Market have the right to visit and inspect any farmer or crafter at their site of production to ensure that the vendor is adhering to all market policies. If the volume of the product being sold does not match the volume being produced, the vendor will not be allowed to sell the product. I further attest that the information provided regarding the products is accurate, true and correct.

Signature

Date

Date: _____ Booth # _____

Date _____ Booth # _____

Date: _____ Booth # _____

Date _____ Booth # _____

Date: _____ Booth # _____

Date _____ Booth # _____

Date: _____ Booth # _____

Date _____ Booth # _____

Date: _____ Booth # _____

Date _____ Booth # _____