

**2020 Walkup Vendor Application**

Please read the 2020 Union County Farmers Market Policies & Operating Rules

BEFORE filling out application

Farm/Business Name:

Owner/Applicant Name:

Address:

Home Phone: Cell: Other:

E-mail:

Address of production site (if different from mailing/home address):

**Vendor Category (check all that apply):** □ Farm Products □ Value-Added Food □ Arts & Crafts

**List ALL items you plan to sell:**

I have read and agree to abide by the Union County Farmers Market Rules & Policies: □ Yes □ No

I agree to only sell items that have been approved for sale at the Union County Farmers Market: □ Yes □ No

I have all the required local, state and federal licenses/certificates to sell these items (copies attached): □ Yes □ No

I understand that Union County Farmers Market representatives/committee members have the right

to visit/inspect any vendor at their site of production to ensure market policies are being adhered to: □ Yes □ No

*I understand that all items sold at the Union County Farmers Market must be grown or handmade by the Vendor in the following counties: Union, Fannin, Towns, White, Lumpkin (Georgia) or Cherokee, Clay (North Carolina). I understand I am responsible for the quality and safety of my products thereby alleviating Union County, GA, the Union County Farmers Market and the Farmers Market Committee from any liability originating from any products sold at the market. I understand that Union County, Georgia, the Union County Farmers Market, and the Farmers Market Committee will not assume responsibility for any loss/injury encountered while participating in the 2020 Union County Farmers Market.*

I have read, understand and agree to comply with the Market Policies & Operating Rules 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 Union County Farmers Market.I give permission to the Union County Farmers Market to use my name and picture in Farmers Market publications. I attest that the information provided on this application is accurate, true and correct.

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 Printed Name of Participant Signature of Participant Date

**For Office Use Only**

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