



**Please complete the application below and include fee, payable to Scott County Farmers Market Association**

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

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

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

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

What will you be selling:

Produce: \_\_\_\_\_

Crafts: \_\_\_\_\_

Membership Type:

Seasonal \$30.00 \_\_\_\_\_ Yearly \$50.00 \_\_\_\_\_ Single Day \$10.00 \_\_\_\_\_

\*Available Space, tables and chairs are first come first served. Vendor Initials \_\_\_\_\_

Signature of applying vendor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Farmer's Market Representative \_\_\_\_\_ Date: \_\_\_\_\_