

2024 Surry County Farmer's Market Application



Name: _____ Farm Name: _____

Address: _____

Circle the Farmer's Market you plan to attend: Dobson Elkin Elkin Winter Mount Airy Pilot Mountain

Is this the first time you have sold with the Surry County Farmer's Market? _____ yes _____ no

If no, how many years have you participated? _____

Please list the beginning date and ending date that you plan on participating with us this year.

Do you plan on selling at every market? _____ yes _____ no

Please explain.

County: _____ Sales and Use Tax ID Number: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Website/Facebook/Twitter/LinkedIn: _____

List sellers other than yourself who will be selling your produce and/or merchandise at the market:

Was your land previously a tobacco farm? _____ yes _____ no How many employees assist you on your farm? _____

If you were a previous vendor, on average, can you estimate how much you made last year?

\$0 - \$1,000: _____ \$1,001 - \$5,000: _____ \$5,001 - \$10,000: _____ \$10,001 - \$15,000: _____ Over \$15,000: _____

Did you pay tax revenue to your County last year? _____ yes _____ no

Products and/or Merchandise Plan to Sell:

(Crafters must attach a sample or photograph of their work.)

I acknowledge that I have been provided with a copy of the rules governing the operation of the market and that I will abide by these rules. I further agree to allow representatives of the market to visit the premises where the products I intend to sell are produced. I agree that I am solely responsible for my produce and/or merchandise sold by me or any agent acting on my behalf at the Surry County Farmer's Market. **If I do not follow these rules I will be asked to leave the market. Fees are only refundable if your application is not approved by the Board of Directors.**

Signature: _____ Date: _____

Please make checks payable to Surry County Farmer's Market with application for the annual registration fee of \$125 paid by April 1. After April 1, the registration fee will be \$175. Mail your application to Post Office Box 27, Elkin, NC 28621.

For Office Use Only

<input type="checkbox"/> Application Date:	Received by:
<input type="checkbox"/> Site Visit Made by:	Date:
<input type="checkbox"/> Annual Selling Fee Received:	Date:
<input type="checkbox"/> WIC Voucher Training:	Date:
<input type="checkbox"/> Senior Voucher Training:	Date:
<input type="checkbox"/> Certification(s) (GAP certification, Meat Handler License, Animal Welfare Approved, Nursery Certificate, etc.)	List:
<input type="checkbox"/> Application Approved	Beginning Sell Date:
<input type="checkbox"/> Application Denied	Reason:

I, the market vendor, was present at Farm Inspection and understand the application and market process.

Signature

Date