



2020 VENDOR CERTIFICATION FORM

Please return in self-addressed envelope by March 20, 2020

Vendors must complete this form prior to selling at the Nash County Farmers Market

Mail to: NC Cooperative Extension 11006 Eastern Avenue, Room 102 | Nashville NC 27856

Vendor Information

Farm or Business Name _____ Telephone _____

VENDOR TYPE (Select One) Farmer/Produce/Grower Homemade Baked Goods/Specialty Food Handmade Artisan

Address _____ City _____ State ____ Zip _____

Name of Social Media Pages _____ Email Address _____

Crop Location (Exact Address Location) _____

You must list below all items you will be selling at the 2020 Nash County Farmers Market.

Unprocessed agricultural items that I actually produce _____

Other items – *Please refer to Market Operational Guidelines for additional requirements and 3 pictures of items listed*

Circle the dates you plan to attend the Nash County Farmers Market for the 2020 season - Saturdays 8am - 1pm, Tuesdays 3pm - 6pm

Peak Season Only								Fall Season Only		
April	May	June		July		August		September	October	November
Sat	Sat	Tues	Sat	Tues	Sat	Tues	Sat	Sat	Sat	Sat
4	2	2	6	7	4	4	1	5	3	7
11	9	9	13	14	11	11	8	12	10	14
18	16	16	20	21	18	18	15	19	17	
25	29	23	27	28	25	25	22	26	24	
	27	30					29		31	
Peak Season Only - Whole Space Cost - Sat Only - \$200; Half Space - \$100 Peak Season Only - Whole Space Cost Sat. & Tues. - \$250; Half Space - \$125								Fall Only - Whole Space Cost - \$100 Fall Only - Half Space - \$50		
Peak & Fall Seasons - Whole Space Cost - Sat Only - \$ 270 Half Space - \$135 Peak & Fall Seasons - Whole Space Cost Sat. & Tues. - \$320; Half Space - \$160										

I hereby submit this request to become a "Market Certified Vendor" at the Nash County Farmers Market in Rocky Mount, NC. I agree to allow the Farmers Market Manager to visit and inspect the location, property and facilities where I produce the products that I sell at the Nash County Farmers Market. I agree to provide sales and/or service to all Farmers Market customers regardless of their race, color, national origin, religion, gender, age or disability. If I plan to sell products other than unprocessed agricultural items that I actually produce, I understand I must provide the Farmers Market Manager a copy of my NC Department of Revenue "Certificate of Registration". My signature below affirms I have received, understand and agree to abide by the most recently published "Market Operational Guidelines for Market Vendors". Furthermore, I agree my failure to comply with any of these published guidelines or any of the here above stated requirements, as determined by the Farmers Market Manager, may result in revocation of my market certification and loss of my privilege to participate as a vendor at the Nash County Farmers Market.

Vendor's Name _____ Signature _____ Date _____

NC Cooperative Extension Agent Signature _____ Date _____

OFFICE USE ONLY <input type="checkbox"/> On-farm Inspection <input type="checkbox"/> Home Kitchen Inspection <input type="checkbox"/> Better Process Control School <input type="checkbox"/> Crafts Committee Approval <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Scale Inspection
