



Bellville Farmers Market Vendor Application

Held 1st Saturdays under the Jim Bishop Pavilion

Business Name:

Contact Name:

Phone:

Mailing Address:

Physical Address:

FB page or website:

Email:

Instagram:

How did you hear about us?

Bellville Farmers Markets Facebook page

Our website, BellvilleFarmersMarket.com

Newspaper _____

Friend/Family

I'm a Shopper of the Market

Other: _____

Products Grown/Made/Produced: (circle all that apply)

fruits/vegetables

herbs

baked goods

nursery products

prepared foods

dairy

protein

eggs

other (specify) _____

Months products are available (no FM in Jan.) :

Electricity Required (circle) yes no

Names of Persons selling at the market:

I _____ agree to submit any necessary licenses and permits to the COC Board of Directors. I understand it is my responsibility to know which are required for my business and to secure necessary insurance and certifications required by the state or county for my specific business. I read and agree to comply with rules and regulations set by the COC Board. I understand that violation of such rules could result in a non-refundable vendor termination and that I am responsible for the quality and safety of what I sell and alleviate Bellville Farmers Market, the Bellville Chamber of Commerce, and their agents from any liability originating from any products sold at the market.

Signature:

Date: