Farmers and Artisans Market of Lockhart

Vendor Application

If you're requesting a free booth for a nonprofit/school/4-H fundraiser, please use the designated application for nonprofits

Vendor Information

Name

Name of Business

Phone

Email

Address

City/County

Name(s) of Booth Workers

Website

Social Media

Expiration Date of Food Handler's License (If applicable)

Renewal Date of Insurance (If applicable)

Expiration Date of DSHS License (If applicable)

VENDOR CATEGORY: *(Select all that apply)*

Agricultural Producer ☐ Value-Added ☐ Artisan ☐ Prepared-Foods ☐

IF YOU CHECKED MORE THAN ONE CATEGORY, PROVIDE PERCENTAGE OF PRODUCTS IN EACH: (ex: 90% Ag, 10% Value Added)

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Vendor Application

LIST PRODUCTS TO BE SOLD:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If referred by another vendor, please provide their name: _____

APPLICATIONS MUST INCLUDE COPIES OF ALL RELEVANT PERMITS AND CERTIFICATIONS WHERE APPLICABLE:

- ☐ Food Handlers License
- ☐ Certification/License/DSHS Permit for Agricultural Products
- ☐ Copy of Insurance if Selling a Consumable Product
- ☐ Photos of Products

Submitting an application does not guarantee admittance to the Farmers and Artisans Market of Lockhart.

By signing the line below, I hereby certify that all the information contained in this application is correct and true. I have read and will abide by the Farmers and Artisans Market of Lockhart rules and procedures. False or misleading information will result in automatic dismissal from the Farmers and Artisans Market of Lockhart.

I have read the market rules and understand it is my responsibility to follow them. ☐

Signature: _____

Date: _____