

FARMERS AND ARTISANS MARKET OF LOCKHART
VENDOR APPLICATION AND AGREEMENT

YOUR NAME: _____

NAME OF BUSINESS/ENTITY APPLYING FOR MARKET:

PHYSICAL ADDRESS: _____

MAILING ADDRESS: (if different from physical) _____

PHONE NUMBER: _____

EMAIL: _____

WEBSITE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: _____

VENDOR CATEGORY: (check all that apply)

- Agricultural Producer
- Value Added
- Prepared Food
- Artisan

Nonprofit/Community Organization please use the designated application

IF YOU CHECKED MORE THAN ONE CATEGORY, PROVIDE PERCENTAGE OF PRODUCTS IN EACH:

(ex: 90% Agriculture, 10% Value Added) _____

LIST PRODUCTS TO BE SOLD/MARKETED:

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

APPLICATION MUST INCLUDE COPIES OF ALL RELEVANT PERMITS AND CERTIFICATIONS:

(permit check list)

- Food Handlers License (where applicable)
- Certifications/Licenses for Agricultural Products (where applicable)
- Copy of Insurance if you sell a consumable product

IF YOU USE SOCIAL MEDIA, PROVIDE HANDLES FOR EACH PLATFORM:

FACBOOK: _____

INSTAGRAM: _____

QUALIFIED AGENT: (for reselling/co-packed items):

NAME OF ORGANIZATION (Nonprofit Vendors Only):

WHAT IS THE MISSION OF YOUR ORGANIZATION (Nonprofit Vendors Only):

Submitting an application does not guarantee admittance into 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.

Applicant Name: _____
(Please print)

Applicant Signature: _____ Date: _____

Internal Purposes Only:

Date received: _____ Received by: _____

Approved: _____ Date Approved: _____

Not approved: _____ Reason not approved: _____