

Walkerton Farmers' Market

Vendor Application

Must be submitted prior to participating in the Walkerton Farmers' Market

Farm/Business Name _____

Primary Contact _____

Day Phone _____ Cell Phone _____

Email Address _____ Fax Number _____

Secondary Contact _____

Day Phone _____ Cell Phone _____

Email Address _____ Fax Number _____

Mailing Address _____

Farm/Business Website _____

Do you want your website linked to KQCD/Farmer's Market webpage Yes No

Are your products grown or produced in King and Queen County Yes No

If No, where are they grown/produced? _____

Please list the consumable products you wish to sell that you have ***grown or produced yourself***

Please list the products you wish to sell that were purchased for resell or that are non-consumable (Please see rules & regulations)

I hereby certify that I have read, understand and agree to abide by the Walkerton Farmers' Market Rules and Regulations 2010. I understand and agree that my participation in the Market is at my own risk. I assume all liability for injuries to persons and damage to property caused by or arising from my participation in the Market.

Send completed form to walkertonfarmersmarket@kqcd.org or fax to 888-236-8339 or mail to P O Box 191, Walkerton VA 23177

Signature _____

Date _____