VANCE COUNTY REGIONAL FARMERS MARKET, VENDOR APPLICATION

Subject to approval by Market Manager. Incomplete application will delay approval process.

Farm or business name_____

Name(s) of owner(s)_____

Physical address of farm/business_____

Mailing address_____

Tel. Nos. (h)_____ (c) _____ (other) _____

E-mail_____ Farm or business website_____

Emergency contact (name & tel. No.)_____

Check all item(s) you would like to sell:

___Fresh produce	___Wine	___Honey
___Fresh cut flowers	___Beef or pork	___Handmade crafts
___Plants	___Seafood	___Prepared food from a food truck
___Baked/canned goods	___Eggs	___Poultry

___Other_____

Acres in cultivation:_____ (if selling produce, flowers, plants, meat, eggs or other farm products)

Detailed description of all items to be sold:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

If anything you sell will be grown/produced/made by another person or business, list the item(s) and source(s):

_____

_____

_____

If selling raw beef/pork, specify USDA/NCDACS-inspected processing facility:_____

Are you listed as a "Poultry Exempt Operator" with NCDACS? ___Yes ___No, I will not sell raw poultry

Did you attach a copy of your Meat Handler's License from NCDACS?

____Yes ____No, I will not be selling raw beef or pork

Did you attach a copy of the appropriate dealer license from the NC Division of Marine Fisheries?

____Yes ____No, I will not be selling raw seafood

Did you attach a copy of your nursery certification?

____Yes ____No, I will not sell plants ____No, I will only sell annuals &/or vegetable transplants

What date would you like to begin selling?_____ For how many weeks?_____ Wed, Sat or both?_____

IF YOU ARE SELLING PROCESSED/PREPARED FOOD(S), PLEASE COMPLETE THE FOLLOWING:

Which categories of processed/prepared foods will you sell?

____Candies ____Dried mixes ____Spices ____Pickles

____"Canned" jams or jellies

____Baked goods that do not require refrigeration

____Dairy products (may NOT be prepared in a home kitchen)

____Refrigerated or frozen foods (may NOT be prepared in a home kitchen)

____Low-acid canned foods such as beans and squash (may NOT be prepared in a home kitchen)

____Acidified foods other than pickles (specify:_____)

____Other (specify:_____)

How will your prepared food products be sold?

____Products will be packaged, with a label affixed to each package

____Products will be served from enclosed display case, with label information displayed separately

____Both methods will be used

____Other (provide specifics:_____)

Kitchen information: ____Commercial ____Home Kitchen location:_____

Did you attach a copy of the kitchen inspection report from NCDA&CS?

____Yes

Did you attach a copy of your certificate of completion from the NCSU Acidified Foods School?

____Yes ____No, I will not be selling acidified foods.

By signing below, I agree to the following:

I agree to make all reasonable efforts to address complaints from customers. I understand that if the Market Manager receives multiple customer complaints concerning my products or business practices, my marketing privileges may be temporarily or permanently canceled. I acknowledge that I have been provided a copy of the Vendor Guidelines, have read and understood them, and agree to abide by them in full. I understand that failure to abide by the Vendor Guidelines constitutes grounds for terminating my vendor's license with no right to a refund of any fees paid or expenses incurred. I certify that all information provided on this application is complete, true and correct. I acknowledge that I ***assume all liability*** arising from the sale or use of my products, display tables, equipment and other items that I sell or use on the property of the Farmers Market and hereby agree to indemnify and hold Vance County, its officials, officers, agents and employees harmless from any and all liability, claims, losses, costs, damages or expenses (including the cost and expense of defending, mitigating any claim and attorneys fees related thereto) connected to, arising or alleged to arise out of the vendor's actions or failure to act, in the offering, sale or use of its products or property at the Farmers Market. I acknowledge that I am responsible for any damage I cause to the facility or furnishings. I also understand that it is recommended that I obtain product and liability coverage for activities at the Farmers Market. I agree to notify the Market Manager in writing three business days in advance if I wish to sell any additional products not listed above. I agree to accept SNAP/EBT benefits for eligible products, with reimbursements to vendors made on a monthly basis. Vendors that sell on at least three days will have priority for the 11/15/25 market.

Signed:_____Date:_____

SEND OR DELIVER APPLICATION TO: VCRFM Manager, NC Coop Ext, 305 Young St., Henderson, NC 27536

Enclose/attach application fee of $20, payable to Vance County.

Date received by Market Manager/Cooperative Extension_____ Received by:_____

Amount paid:_____ Cash ____ Check ____ Check no._____ Receipt no. _____