

Please check: Vendor Application (50.00) Associate Member Application (50.00) Friend of the Market Application (20.00)

2012 Morgantown Farmers' Market Vendor Application

(Application must be Complete--Please Print Legibly)

*Name of Contact Person _____

Name of Others Involved in Operation _____

Business Name _____

*Street Address _____ *City/State _____ *Zip Code _____

PLEASE LIST ALL CONTACT INFORMATION (Please use the back of this form to list ALL contact information):

*Daytime Phone _____ *Evening Phone _____ *Cell Phone _____

*Email Address _____ Website _____

Size of Production Area _____

Please check the products you intend to sell at the Market on the attached product plan. Excessive listing of products that you do not intend to sell at the Market this season could affect your member in good standing status. Note: Products not listed on your product plan may not be brought to the market for sale until a note (written or email) has been given to the market manager and the additional product has been approved (see Rule 5).

How often do you plan to attend the market? _____

Do you need electric hook-up? _____ Number of spaces requested (space from painted line to painted line) _____

Please provide directions to your farm. *Please note, the verification committee will visit all new applicants and may make unannounced visits to returning vendors at any time (Please use back of form if you need more space).*

I have read and agree to abide by the Market Rules of the Morgantown Farmers' Market Growers Association.

Annual Membership Fee must accompany this application. Space Fee must be paid *the first day of attendance at the market.*

Signature _____ Date _____

To be filled out by the Verification Committee or Jury Committee

Date of visit _____ Accepted _____ Rejected _____ V.C. or J.C. member initials _____

Please do not write in this box.		
Date Application Received _____	Received By _____	
Date Membership Paid _____	Amount Paid _____	Check Number _____
Date Space Fee Paid _____	Amount Paid _____	Check Number _____
Date Escrow Deposit Fee Paid _____	Amount Paid _____	Check Number _____

Return to: Monongalia County Extension Office, 34 Commerce Drive, Suite 106, Morgantown, WV 26501