

Attention: All Potential Vendors  
From: Brenda Shiflett, Market Manager  
RE: 2010 Market Application

**Annual Membership Fee**  
\$50.00

**Space Fee**  
\$50.00 Full-time Vendor  
or  
\$5.00 (per week)  
Temporary Vendor

**\*\*APPLICATION DEADLINE IS 4/30/2010\*\***

Application to participate in the 2010 Morgantown Farmers Market must be received by me no later than 4/30/2010. Due to limited space and increased interest, applications must be received no later than 4/30/2010. You are encouraged to submit your annual membership fee of \$50 with your application (refer to Market Rules; Rule 6A-Vendor Membership Fees: “Annual membership fee of the MFMGA is \$50 and should be submitted to the Treasurer no later than the opening market day. Membership fees are non-refundable”). Space fee is \$50 for full-time vendors and \$5 for temporary vendor. Please submit this fee along with your application and membership fee.

I will be collecting applications and fees for the 2010 market season. There are several ways to submit your application to me:

1. Mail application and fees to:  
Brenda Shiflett  
Market Manager  
121 Duquesne Street  
Greensboro, PA 15338
2. Mail application and fees to:  
Brenda Shiflett, MFMGA  
Monongalia County Extension Office  
26 Commerce Drive  
Wes Mon Plaza  
Morgantown, WV 26501
3. You may email your application to [bshiflett@atlanticbb.net](mailto:bshiflett@atlanticbb.net) and send your fees to me in the mail at one of the above addresses.
4. You may give your application and fees to me in person.

Please do not hesitate to contact me at 304-276-1865 if you have any questions or need additional information regarding the Morgantown Farmers Market.

**2010 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 \_\_\_\_\_

Products You Intend to Sell at the Market

\_\_\_\_\_

\_\_\_\_\_

How often do you plan to attend the market? \_\_\_\_\_

Do you need electric hook-up? \_\_\_\_\_ Number of spaces requested (space from yellow line to yellow 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*

**Membership Fees must be paid no later than the opening day of 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 \_\_\_\_\_

<b>Please do not write in this box.</b>		
Date Application Received _____	Received By _____	
Date Membership Paid _____	Amount Paid _____	Check Number _____
Date Space Fee Paid _____	Amount Paid _____	Check Number _____
Full-Time Vendor _____	Part-Time Vendor _____	