



P.O. Box 143, Boonville, Indiana 47601-0143 812.483-0867

**2017 Warrick County Farmers Market Vendor Application**

**Name:** \_\_\_\_\_

**Name of others involved:** \_\_\_\_\_

**Business/Farm Name (if different from above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**County** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Liability Insurance: Carrier** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

*Note: Certificate of insurance is highly recommended with application, if applicable. See WCFM Rules for more information.*

**Name the primary products you intend to sell at the market:**

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**Size of Growing Area:** \_\_\_\_\_ **Acres**

**Number and type of animals you currently keep for Market purposes (For meat, dairy, and egg producers):** \_\_\_\_\_

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**Name of processor and location of plant:** \_\_\_\_\_

Please provide copy of Egg Vendor License, if applicable. For a retail vendor license from the Indiana State Egg Board:

<http://www.ansc.purdue.edu/ISEB/RetailApplication.htm>

I am willing to donate produce to the local food bank at the completion of the market.

I am willing to donate produce one Saturday a month for the WCFM basket auction. (Proceeds benefit the market and are used for advertising and market expenses)

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Please describe your farm/business (i.e. Part Time or Full Time? Organic? How long have you been a producer? What else?)

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I plan to sell at the market: \_\_\_\_\_ entire season \_\_\_\_\_ week by week basis  
The Vendor Fee is \$25 for the entire season or \$10 per week per booth space.

Booth Space (Please mark which booth space you prefer and include appropriate payment with application). Weekly passes can be purchased the day of the market.

\_\_\_\_\_ Season Pass (\$25)      \_\_\_\_\_ Weekly (\$10)

For a Vendor Season Pass, please include your check made payable to the Warrick County Farmers' Market with your application.

I acknowledge by my signature below that I will abide by the rules of the Warrick County Farmers' Market, and have advised/instructed my family and/or employees of the rules, and agree to abide by all terms and conditions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed Vendor Application, check, and proof of insurance (as applicable) to:*

*Kim Ashby  
Warrick County Farmers Market  
8777 Madden Rd  
Lynnville, IN 47619*