



Piedmont Farmers Market Inc. Market Space Request

Farm/Business Name: _____

Applicant Name: _____

Address: _____

Cell phone _____ Email _____

Products

What products do you intend to sell?

Produce: Percent grown by you _____ Percent obtained from others _____

Meats/Proteins: Percent raised by you _____ Percent raised by others _____ Do you process your own animals? _____

Bakers: Do you make all of your baked goods yourself? Yes ___ No ___ If no, what do you obtain from others and from whom?

Crafters: What crafts do you make? _____

Other goods: What is your product? _____

Please indicate the markets you are interested in:

Winecoff Saturday _____ Harrisburg Monday _____ Rotary Square Tuesday _____

Fee Schedule

The membership annual fee is \$25.00 for all members. Selling Rights for any given market are purchased separately. The Selling Rights fees per market are as follows:

Winecoff Saturday

If joined March – June: \$100 + Table Fees collected on day of market.

If joined July – September: \$75 + Table Fees collected on day of market

If joined October – February: \$50 + Table Fees collected on day of market

Table Fees May thru October: \$15/Space

Table Fees November thru April: \$10/Vendor

Harrisburg Monday \$150 (Fee includes Table Fees)

Rotary Tuesday \$150 (Fee includes Table Fees)

I have received, read, understood, and agree to abide by the Piedmont Farmers Market Inc.'s rules and regulations.

I also agree as a participant in the Piedmont Farmers Market(s) to hold Piedmont Farmers Market Inc., and its agents and employees, harmless and to indemnify Piedmont Farmers Market Inc. and its agents and employees for property being exhibited and from any personal injury claims that might arise as a direct result of the vendor's property being exhibited at any Market operated by Piedmont Farmers Market Inc. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damages that may have occurred, or which may have occurred as a result of activity at any of the markets operated by Piedmont Farmers Market Inc.

Signature _____

Date _____

Please complete, sign and return by to Piedmont Farmers Market via email at hammelfam@gmail.com

Membership Committee Use Only

Date Received _____

Invoice Date _____

Status: Accept _____

Payment Received _____

Denied _____

Waiting List _____

