

APPLICATION TO THE

HINESBURG LIONS FARMERS' MARKET

JUNE THROUGH SEPTEMBER, 3:30 TO 6:30 PM

Name _____ Address _____

Business Name _____

E-mail _____ Phone _____

Product(s) Category: (X) Agricultural _____ Prepared Food _____ Craft(s) _____

Describe your product(s) _____

How long have you been producing this product? _____

Will you sell all season? (June through the last Thursday in September?) _____

Size of space needed: 5X10 _____ or 10X10 (required for canopy) _____

Membership Paid _____ Space Paid _____

Who will sell your product(s)? Name(s) _____

Please write a two sentence description of your product(s)

Please include a picture of your business for advertising, if possible.

Are you familiar with VT state law regarding sale of food products? _____

What is your state ID number? _____

I will abide by the regulation of the _____ Hinesburg Lions Farmers Market Guidelines

Signed _____ Date _____

BRING THIS COMPLETED FORM TO THE SPING VENDOR MEETING OR SEND TO A MARKET
MANAGER. (See the business card in your folder or our web site at
<http://www.hinesburglionsfarmersmarket.org>.)