

**2010
Vendor Certification Form**



Mail to: *Farmers Market*
Room 102 Ag Center Drive
Nashville, NC 27856

Vendors must complete this form prior to using market space at The Farmers Market.

Vendor's Name _____ Home Phone (____) _____
Address _____ Work/Cell (____) _____
City, State, Zip _____ e-mail address _____
Road name or road number where products are grown or produced → _____

List products that you actually produce and plan to sell at the market.

AGRICULTURAL PRODUCTS

OTHER PRODUCTS

I hereby submit my request to become a "Market Certified Vendor" at the Farmers Market in Rocky Mount, N.C. My signature here below affirms that I have received a copy of the Market Operational Guidelines and I agree to abide by those guidelines. I agree to allow the farmers market manager, per his discretion, to visit and inspect the location and facilities where I produce the products that I sell at the market.

Furthermore, I agree to provide sales and/or service to all farmers market customers regardless of their race, color, national origin, religion, gender, age or disability. I understand my failure to comply with any of the above requirements may result in my market certification being revoked.

Vendor's Signature

Signature of Cooperative Extension Agent or Director

(Do not write in this box)

*Certification
or
Temporary Certification*

Farmers Market Manager

Date