

**2008
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 _____ FSA farm number _____

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

_____	_____
_____	_____

This is 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 also voluntarily agree to permit 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.

Vendor's Signature

Signature of Cooperative Extension Agent or Director

<i>(Do not write in this box)</i>		Certification or Temporary Certification
_____ <i>Farmers Market Manager</i>	_____ <i>Date</i>	