



# 2017 North Charleston Farmers Market Vendor Application & Participation Agreement

Application submission does not guarantee a vendor space at the Farmers Market. Any applications received after the application deadline will be added to the list of as-needed, fill-in vendors. You may attach one additional informational page.

**DEADLINE FOR THIS APPLICATION IS MONDAY, APRIL 17, 2017**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Type of vendor:

Farmer/Grower  Food Truck/Cart  Specialty/Retail Food Product  Art & Craft  Information (no sales)

North Charleston Business License # \_\_\_\_\_ SC Tax Revenue # \_\_\_\_\_

I accept the following forms of payment:  Debit  Credit  EBT/SNAP  WIC/Senior FMNP

Products offered (attach additional page if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For farmers/growers, list physical address of farm is different from above, for food-related vendors, list information for SCDHEC certified preparation kitchen:

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total number of 12'x12' vendor spaces requested (limit 2): \_\_\_\_\_

Participation Dates Requested:

Entire Season (26 weeks, every Thursday May 4-October 26)  
 Month of May (4, 11, 18 & 25)  Month of June (1, 8, 15, 22 & 29)  Month of July (6, 13, 20 & 27)  
 Month of Aug (3, 10, 17, 24 & 31)  Month of Sept (7, 14, 21 & 28)  Month of Oct (5, 12, 19 & 26)  
 Single dates (list) \_\_\_\_\_

*By signing below, I certify that I have read and understand the 2017 North Charleston Farmers Market Rules and Regulations and that I will abide by all rules and regulations that apply to my operations. I further understand that failure to adhere to these rules and regulations are grounds for dismissal from the North Charleston Farmers Market and forfeiture of any fees paid.*

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

**Mail completed form to:**  
City of North Charleston Cultural Arts Dept.  
PO Box 190016, North Charleston, SC 29419

**Or email to:**  
mmartin@northcharleston.org