



2024 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 deadline will be added to the list of as-needed, fill-in vendors.
You may attach one additional informational page.

Name of Business _____ Phone _____

Contact Person _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Website: _____

Facebook.com/ _____ Instagram: _____

Type of vendor:

Farmer/Grower Food Cart Specialty/Retail Food Product Art & Craft

*North Charleston Business License # _____ SC Tax Revenue # _____

SCDA Certified (Y/N) Permit # _____ DHEC Certified (Y/N) Permit # _____ SC Certified(Y/N) Mem. # _____

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

*Products offered (attach additional page/photos): _____

For Farmers/growers, list physical address of farm if different from above. For food-related vendors, list information for SC/DHEC/SCDA certified preparation kitchen (attach DHEC Kitchen License):

Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Email Address to receive secure online link to pay fees: _____

The fees per 10x10 vendor space for the Farmers Market are (space is limited, one space per vendor):

Single Market - \$10 Per Month - \$35 Full Season - \$190

Participation Dates Requested:

Entire Season (25 weeks, every Thursday May 2-October 24)
 Month of May (2, 9, 16, 23, 30) Month of June (6, 13, 20, 27) Month of July (11, 18, 25)
 Month of Aug (1, 8, 15, 22, 29) Month of Sept (5, 12, 19, 26) Month of Oct (3, 10, 17, 24)
 Single dates (list) _____

By signing below, I certify that I have read and understand the 2024 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:
TGillespie@northcharleston.org