

Vendor Certification Form

Fax: (252) 237-0114

Office : (252)-237-0111

2017

Mail to: Wilson Ag Center

Farmers Market

1806 Goldsboro Street

Wilson, NC 27893

**Wilson Farmers Market**

Farmer/Vendors must complete this form prior to using market space at the Farmers Market

Producer'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 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 Wilson, NC. You will receive 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 discretion, to visit and inspect the location and facilities where I produce the products that I sell at the market. I must have this form on file with the market at least one week prior to selling.

Vendor's Signature _____

Signature of Cooperative Extension Agent or Director _____

YOUR EMAIL: _____

Date 2017 Dues Paid-----

Make \$25 checks payable to: Wilson Farmers Market

Check dates you plan to sell at the Market in 2017:

Fair Grounds Saturday MarketApril _____
May _____
June _____
July _____
Aug _____
Sept _____**DownTown Wednesday Market**April _____
May _____
June _____
July _____
Aug _____
Sept _____