



# 2017 VENDOR APPLICATION

Thursdays, June 15 - September 7, 2017

3:00- 6:00 p.m.

1520 Davidson Drive in Huber Park

Reynoldsburg, Ohio 43068

PH:614-322-6839 Fax: 614-322-6880

Farm/Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

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

Make, model & license number of vehicle: \_\_\_\_\_

**Please list the crops or goods you will be selling during the following months:**

<u>June</u>	<u>July</u>	<u>August/September</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please indicate the date(s) you will be selling at the market:**

- June 15   
  June 22   
  June 29   
  July 6   
  July 13   
  July 20  
 July 27   
  Aug 3   
  Aug 10   
  Aug 17   
  Aug 24   
  Aug 31   
  Sept 7

I will be selling from a \_\_\_\_\_ Truck \_\_\_\_\_ Truck & table \_\_\_\_\_ Table only \_\_\_\_\_



### Weekly Fees

\$15 Weekly \$12 additional space Number of spaces needed \_\_\_\_\_  
(Payment for weekly vendors is due before market opens.)

### Seasonal rate (13 weeks)

\$156 for one space \$117 for additional space Number of spaces needed \_\_\_\_\_

Same space as last year ? yes or no (circle) \*\*\*Deadline to register for seasonal rates is Friday, April 7, 2017

Please read all rules and regulations, sign the agreement listed below, and submit both pages of this application along with your payment.

Make checks payable to: *Reynoldsburg Farmers' Market*

Mailing address: 7232 E. Main Street  
Reynoldsburg, Ohio 43068  
ATTN: Farm Market Manager

Total amount enclosed: \_\_\_\_\_

(Fees are non-refundable once the application is approved.)

Include with your payment: \_\_\_\_\_ Signed Application (2 pages) \_\_\_\_\_ Directions to your farm  
\_\_\_\_\_ Copy of Liability Insurance (see # 12 of Rules and Regulations)

#### Please check all that apply to you:

- \_\_\_\_\_ I accept credit/debit cards
- \_\_\_\_\_ I accept Senior Farmers' Market Nutritional Program vouchers
- \_\_\_\_\_ I accept SNAP (also know as Ohio Direction Card, EBT or "food stamps") Service provided by Market at no cost
- \_\_\_\_\_ I accept Women, Infants & Children Farmers' Market Nutrition Program

By signing below, I agree to comply with the rules and regulations set forth for the 2017 Reynoldsburg Farmers' Market

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### — For office use only —

Date Received	Amount received	Check #	Cash
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____