

20__ LEBANON FARMERS' MARKET
APPLICATION FORM

Please print legibly.

Name _____

Farm or Business Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

E-Mail Address _____

I plan on selling the following products _____

Anticipated set-up days and dates (check all that apply)

_____ Wednesdays _____ Saturdays

_____ April _____ May _____ June _____ July _____ Aug _____ Sept _____ Oct

of booth spaces requested _____ Electricity needed YES NO (circle one)

I have read the rules and regulations of the Lebanon Farmers' Market, and agree to abide by those rules and regulations. I agree to consent to a farm visit, or visits, in a timely manner, to verify compliance with rules 3 and 4. I have also read the information packet provided to me by the market managers concerning state and local laws as they pertain to sales at a farmers' market, and attest that I will abide by those laws and regulations. I understand that failure to do so can lead to my expulsion from the market. I am also aware that the market insurance does not cover individual vendors or their products.

Signature _____ Date _____