



**2017 Growers Market of Fuquay-Varina
Vendor Application
Saturdays & Wednesdays
May 6 - Oct. 7**

Business
Name _____

Primary
Contact _____

Phone _____ Alternate
phone _____

Mailing
Address _____

Address of Business location (if different from mailing
address) _____

Email _____

Webpage _____

Do you have a Facebook page _____

If someone other than business owner will be present on market days, please provide contact info.

Name _____
—

Phone _____ Email _____
—

Sales & Tax Use ID or Agricultural Exemption
ID _____

***This information must be provided before vendor is allowed to begin selling at the market* To apply for an ID, visit www.dorn.com/taxes/sales/**

I am applying for:

Full Time Every Saturday and Every
Wednesday _____

Full Time Saturdays Only _____ Full Time Wednesdays
Only _____

Part Time (includes 11 Saturdays and 11
Wednesdays) _____

Part Time Saturdays Only _____ Part Time Wednesdays
only _____

Please select your days:

Saturdays

May 6

May 13

May 20

May 27- Closed of WRAL Balloon Festival

June 3

June 10

June 17

June 24

July 1

July 8

July 15

July 22

July 29

Aug 5

Aug 12

Wednesdays

May 10

May 17

May 24

May 31

June 7

June 14

June 21

June 28

July 5

July 12

July 19

July 26

Aug 2

Aug 9

Aug 16

Aug 19
Aug 26
Sep 2
Sep 9
Sep 16
Sep 23
Sep 30
Oct 7

Aug 23
Aug 30
Sep 6
Sep 13
Sep 20
Sep 27
Oct 4

I would like to attend once a month. Please indicate :

<input type="checkbox"/> 1st Saturday of each month	<input type="checkbox"/> 1st Wednesday of each month
<input type="checkbox"/> 2nd Saturday of each month	<input type="checkbox"/> 2nd Wednesday of each month
<input type="checkbox"/> 3rd Saturday of each month	<input type="checkbox"/> 3rd Wednesday of each month
<input type="checkbox"/> 4th Saturday of each month	<input type="checkbox"/> 4th Wednesday of each month

A limited amount of electricity may be available. I will need electricity If yes, for what purpose _____

—
Electrical cords are not provided by market staff

A 10x 10 space is provided for each vendor. If you need a double space or are a produce vendor and wish to park your vehicle in your market space, please indicate your need here. _____

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Please check the categories that best describe the products you wish to sell:

Produce Prepared Foods Meats Cheeses Acidified Foods
 Plants Flowers Breads Pastries Cakes/Pies Cookies
 Sauces Salsa Beverages Jams/Jellies/Preserves Honey
 Eggs Speciality Foods All Natural Soaps and Body Products
 Other (Please specify) _____

I have product partners. Please list product partner and items you will bring to the market to sell.

—

Please submit copies of health inspections, licenses, and permits with this application

Artisans

North Carolina is full of talented artisans and the Growers Market of Fuquay-Varina welcomes a select number of artisans who handcraft their items. Products such as pottery, woodwork, stained glass, farm raised and spun yarns, visual arts, and basketry will be considered. Preference will be given to applicants with locally sourced materials. Please include photos with your vendor application for review.

Please provide a brief description of your business, products, and farming practice that the Growers Market may use in advertising. _____

Vendors Fees:

Full Time Saturday and Full Time Wednesday - \$160

Full Time Saturday Only -\$110

Full Time Wednesday Only -\$50

Part Time Saturdays and Part Time Wednesday - \$100

Part Time Saturday Only -\$55

Part Time Wednesday Only - \$50

Once a Month - \$30

Daily Guest Vendor - \$10 per day

All vendors are expected to be at the market on the dates that have indicated they will attend. Fees are due upon acceptance and must be paid before opening market date. **Please do not include payment with application.** Please include copies of health inspections, licenses, permits, and Sales & Tax Use or Agricultural Exemption ID with your application.

Market staff will review applications on a first come first serve basis. Vendors accepted to participate will be notified by email or phone.

I have reviewed the market Rules, Regulations, and Guidelines. I understand that I must attend the market on the days I have committed to sell my products. I understand as a vendor of the market that I am a representative of the market and will act as an example to the community. I understand that I am vending at my own risk and I agree to be responsible for my own safety, protection, and actions. I understand no insurance is provided to vendors by the Growers Market of Fuquay-Varina.

Signature_____Date_____

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Please submit complete applications to:
The Growers Market
P O Box 774
Fuquay-Varina NC 27526
Or by Email: growersmarketfv@gmail.com

Shelia Stanton
growersmarketfv@gmail.com
919-880-4791