



2016 Vendor Application

PO Box 1161, Gatlinburg, TN 37738

www.gatlinburgfarmersmarket.cxDm

865-332-4769

Local Choices for Healthy Mountain Living

Vendor Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Web Page: _____

Phone: _____

Cell: _____

License Plate #: _____

State: _____

Do you want your contact information to be available to customers? _____ Yes _____ No

Do you have a city business license? _____ Yes _____ No

Do you have a county business license? _____ Yes _____ No

(Please attach copies of applicable licenses to this application)

Application is for a Standard Edibles Booth for: _____ Daily \$5.00 or _____ Full Season \$90.00

Application is for a Standard Craft Booth for: _____ Daily \$10.00 or _____ Full Season \$140.00

Season fees represent an 18% discount and are to be paid by June 14, 2016

Address of your FARM or GARDENING AREA: _____

NOTE: Please attach detailed instructions or a map to your farm or gardening area. Application is incomplete without a map or written directions.

Circle and/or describe any of the following items/products you plan to sell at the Gatlinburg Farmers Market:

1. Vegetables and/or vegetable plants
2. Fresh Fruit
3. Cut Herbs
4. Cut Flowers
5. Tea/Coffee

6. Honey/ Maple Syrup
7. Jellies, Jams, Preserves, Conserves
8. Baked Goods
9. Cottage Industry Goods (Items made in home) Identify items you wish to sell:

10. Eggs (If more than 50 cases per year are sold)
11. Potted Perennial Plants, Herbs, Flowers, Trees, or Shrubs
12. Grains
13. Cheese
14. Milk/Dairy
15. Meat/Fish
16. Foods processed in a certified kitchen (Salsa, Soups, etc.)
17. Juice/Cider
18. Topical Health and Wellness Products

If you circle any category from #10 to #18, you must attach a copy of your CURRENT TENNESSEE STATE CERTIFICATION and a copy of your last inspection. Application is incomplete without these documents and will not be processed. IF YOU CHECK ANY CATEGORY FROM #10 TO #18 YOU MUST COMPLY WITH STATE REGULATIONS OR YOU WILL NOT BE PERMITTED TO SELL.

Do any of the following categories apply to your products? (see Rules of Operations for definitions)

___ Pesticide/Chemical Free ___ Organic ___ Certified Naturally Grown

CIRCLE ALL THE DATES YOU PLAN TO ATTEND THE MARKET

May	June	July	August	September	October
14 21 28	4 11 18 25	2 9 16 23 30	6 13 20 27	3 10 17 24	1 8

I have read and agree to the rules and regulations set forth in the Gatlinburg Farmers Market 2016 RULES OF OPERATION. It is my desire to be a VENDOR during the 2016 season of the Gatlinburg Farmers Market.

Signed:

Date:

Mail both pages of the signed application to:

Gatlinburg Farmers Market
P.O. Box 1161 Gatlinburg,
Tennessee 37738 Attn:
Market Manager

GFM STAFF USE ONLY

Date Application Received: _____

Is Application complete and signed? _____

Are all necessary documents attached? _____

Farm Inspection Date: _____

No

No

Yes

Yes

Approved By:

