

Onslow County Farmers' Market Vendor Application

- New Vendor
- Returning Vendor

Name: _____
Farm/Business Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Cell Phone: _____
Email: _____

Address of Farm/Production site if different than mailing address above: _____

Website: _____
Social Media: _____

Sales Tax ID: _____ Certificate Attached
Food/Health Permit ID: _____ Certificate Attached
Poultry/Meat Handlers ID: _____ Certificate Attached

Product Categories:

Please list products that you will be bringing to market this year. Estimate, by category, the percentage of total sales you expect from each (total to equal 100%). Be sure to clearly list products from categories (attach additional paper if needed).

1. Vegetables and Plants. Estimate % of sales _____

Raw fruits/vegetables:

- | | |
|--|---|
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Onions, bunch |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Onions, Sweet |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Peas |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Peppers, Hot |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Peppers, Sweet |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Pumpkin |
| <input type="checkbox"/> Collards | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Squash, summer |
| <input type="checkbox"/> Cowpeas | <input type="checkbox"/> Squash, winter |
| <input type="checkbox"/> Cucumber | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Lettuce, head | <input type="checkbox"/> Turnip |
| <input type="checkbox"/> Lettuce, leaf | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Kale | <input type="checkbox"/> Other _____ |

Herbs:

- Basil, Genovese
- Basil, Thai
- Chives
- Chamomile
- Cilantro
- Ginger
- Lemongrass
- Oregano

- Parsley
- Rosemary
- Stevia
- Sorrel
- Stinging Nettle
- Tarragon
- Thyme
- Other _____

- Cut Flowers
- Eggs
- Honey
- Bedding Plants
- Landscape Plants
- Other

2. Preserved/Prepared Foods. Estimate % of sales _____

Processed foods that require a kitchen inspection/certificate from the NC Dept of Agriculture. Please indicate if any ingredients used in the products are harvested from your farm.

- Baked goods
- Jams, Jellies, Preserves
- Juices, Coffee, Tea
- Vinegars
- Wines
- Other _____

3. Meat, Fish, Dairy, Acidified Foods. Estimate % of sales _____

- Acidified foods (these require FDA short course certification)
 - Pickles
 - Relish
 - Other

- Cheese and Other Dairy products
- Meat (Meat Handlers License from NCDA required)
 - Beef
 - Chicken
 - Pork
 - Other _____
- Seafood

4. Crafts. Estimate % of sales _____

Please describe your items. Include photos if available.

How long have you been farming/practicing your craft? _____

Provide list of employees/contact information who will staff your booth. Please indicate point of contact (if any) in your absence. _____

*** Attach extra pages if needed.

Which days do you plan to attend?

- | | Saturday | | Saturday |
|----------------|--------------------------------|----------------|--------------------------------|
| Week 1 | <input type="checkbox"/> 04/13 | Week 17 | <input type="checkbox"/> 08/03 |
| Week 2 | <input type="checkbox"/> 04/20 | Week 18 | <input type="checkbox"/> 08/10 |
| Week 3 | <input type="checkbox"/> 04/27 | Week 19 | <input type="checkbox"/> 08/17 |
| Week 4 | <input type="checkbox"/> 05/04 | Week 20 | <input type="checkbox"/> 08/24 |
| Week 5 | <input type="checkbox"/> 05/11 | Week 21 | <input type="checkbox"/> 08/31 |
| Week 6 | <input type="checkbox"/> 05/18 | Week 22 | <input type="checkbox"/> 09/07 |
| Week 7 | <input type="checkbox"/> 05/25 | Week 23 | <input type="checkbox"/> 09/14 |
| Week 8 | <input type="checkbox"/> 06/01 | Week 24 | <input type="checkbox"/> 09/21 |
| Week 9 | <input type="checkbox"/> 06/08 | Week 25 | <input type="checkbox"/> 09/28 |
| Week 10 | <input type="checkbox"/> 06/15 | Week 26 | <input type="checkbox"/> 10/05 |
| Week 11 | <input type="checkbox"/> 06/22 | Week 27 | <input type="checkbox"/> 10/12 |
| Week 12 | <input type="checkbox"/> 06/29 | Week 28 | <input type="checkbox"/> 10/19 |
| Week 13 | <input type="checkbox"/> 07/06 | Week 29 | <input type="checkbox"/> 10/26 |
| Week 14 | <input type="checkbox"/> 07/13 | Week 30 | <input type="checkbox"/> 11/02 |
| Week 15 | <input type="checkbox"/> 07/20 | Week 31 | <input type="checkbox"/> 11/09 |
| Week 16 | <input type="checkbox"/> 07/27 | Week 32 | <input type="checkbox"/> 11/16 |

Annual Membership fee:

This fee is due upon application approval and is non-refundable.

- \$40 returning vendor \$ 60 new vendor

Space/daily booth rental:

Payable prior to market day

Saturday

- Full, \$18
 Half, \$12
 Center, \$10
 Outdoor, \$12

Special Events (Non-members):

Special Events will be identified as such to allow participation to non-members. Proof of all applicable state and local permits and/or certificates will be required.

Saturday

- Full, \$30
- Half, \$20
- Center, \$15
- Outdoor, \$20
- Food Trucks, \$50

All Farm/Production members will have a farm visit prior to selling at the market. Please understand that it may take up to two weeks after your application has been received to schedule a farm visit.

Farm/Production:

How much area is in production? _____

Is land owned or leased? How long has it been under your management? _____

Briefly describe your farming or production practices/philosophy.

I produce 50% or more of the items I offer for sale as part of my farming operation. I agree to allow representatives of the Onslow County Farmers' Market to visit and inspect the farm/production premises and products I intend to sell.

Signature: _____

Print Name: _____

Date: _____

I acknowledge that I have received and read the Onslow County Farmers' Market Rules and that I will abide by these rules. I understand that falsifying information on this application or a violation of these rules will result in a termination of my membership without refund. I also allow the Onslow County Farmers' Market to use photos and/or video of me, my products, and booth space for promotional and marketing purposes.

Signature: _____

Print Name: _____

Date: _____

Please submit completed application (including any required documents) to onslowmarketmanager@gmail.com or mail to:

**Onslow County Farmers Market
4024 Richlands Hwy
Jacksonville, NC 28540**

Date Received: _____

Received by: _____

Status: _____