

Fulshear Farmers Market Vendor Application

Farm/Business Name: _____

Name of Owner or Proprietor: _____

Mailing address: _____

City, State, Zip code: _____

Physical address: _____

E-mail address: _____

Website Address: _____

Telephones (specify home, office, cell, fax) _____

FARMER OR VENDOR DETAILS:

Business Type (check all that apply):

fruits/vegetables____ dairy____ meat____ fish____

baked goods____ prepared foods____ nursery

products____ eggs____ herbs _____

other (specify) _____

Short list of agricultural products: _____

Short list of value added products (i.e. baked goods, soups, etc.): _____

ARTISAN DETAILS:

Business Type

Wood____ Leather____ Ceramic/Glass____ Candles____ Soap/Bath/Cleaning Products____ Jewelry____

Handsewn Items____ Pet Supplies____ Other (specify) _____

Time of year you would be at the market: _____

FARMERS GROWING PRACTICES:

Check all that apply

_____ conventional

_____ certified organic (please include certificate with application)

_____ sustainable/naturally grown

_____ hydroponic

TO BE FILLED OUT BY ALL VENDORS AND AGENTS OF VENDORS

TESTIMONY

I have read, understand, and will abide by the Fulshear Farmers Market Rules and Regulations.

Business Name: _____

Business Owner Name: _____

Business Owner Signature: _____

Agent Name: _____

Agent Signature: _____

Date: _____

1.14.2021