



2017

Historic Downtown Acworth Farmers' Market

Vendor Application

April 7th-October 27th

8:00am-12noon

Contact Name: _____

Business Name: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Website Address (if you have one): _____

Farm Address (if other than above): _____

Type of Vendor: (check ALL that apply)

- Produce - Homegrown by Applicant in Georgia
- Produce - Resale from Georgia Sources (List source) _____
- Produce - Resale other than GA (List Source) _____
- Baked Goods - Homemade by Applicant
- Bath & Beauty Products - Homemade by Vendor
- Wholesale Products (list) _____
- Other - list type _____

Please list ALL items to be sold at market.

If you are wholesaling, LIST ALL the manufacturers information as well.

Be as specific as possible. Individual item acceptance is at the discretion of the Market Management Team.

Attach additional sheets if needed.

Tax ID #: _____ County Sales & Occupational Tax ID# _____

By signing this application, you certify that you are in agreement with all that is set forth and further agree to any changes in terms deemed necessary for the current season by the Management Team, City of Acworth or Acworth First Baptist Church.

Signature: _____ Date: _____

Printed Name: _____

Please complete application and mail or fax to:
(Include copies of all relevant licensing)

Jeff Chase
c/o Acworth Parks and Recreation Department
4762 Logan Road
Acworth, GA 30101
ph: 770-917-1234
fax: 770-966-7891

For official use only:

Date Application Received: _____ Contact Information verified: _____

Farm or Facility Visit information: _____

- Approved : YES or NO

Additional Information and/or limitations _____

Management Signature: _____ Date: _____