



Jeffersonville Farmers Market

Member of Clark County Farmers Markets

Vendor Application

Food and Plant Sales

Jeffersonville Main Street Inc.
Phone: 812-283-0301 www.JeffMainStreet.org



Print or type all information clearly.
Jeffersonville Farmers Market reserves the right to accept or reject any application.

Vendor Information

Name of primary vendor (one name only) _____

Name of farm or business (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Mobile phone _____

Email _____

Website _____

Name(s) of anyone who may work at or assist in your booth

Product Information

List the products you intend to grow (or make) and sell at the farmers market:

Please list each production location and the products that will be produced there during the upcoming growing season in the following section. Attach an additional sheet if necessary.

Where are your products grown and harvested? Address _____

City _____ State _____ Zip _____ County _____

Approximate size of area utilized: _____ acres or _____ sq. feet

*Do you sell meat? Yes ___ No ___ Meat processor location _____

*Do you sell honey? Yes___ No___ Apiary location_____

*Do you sell baked goods? Yes___ No___ Kitchen location_____

*Do you sell eggs? Yes___ No___

***If you answered "yes" attach a copy of any necessary certification or permits.**

Attach all other necessary certifications and permits. It is not the responsibility of the Jeffersonville Farmers Market organizers to inform vendors what products require certificates and/or permits to be sold legally. It is the responsibility of vendors to provide market management with copies of all permits & certificates before selling any products. This includes all permits, licenses, & **liability insurance**.

Health Department: Contact Laura Lindley at the Clark County Health Department, 812-282-7521, to ensure you will comply with all necessary permits and certificates.

List any items that you would like to sell at the farmers market that YOU DO NOT GROW OR MAKE YOURSELF: _____

Please list all other farmers markets where you are a vendor:

Signed _____ Date: _____

You will be notified if you are approved as a vendor at the Jeffersonville Farmers Market. This document is NOT BINDING UNTIL APPROVED BY Jeffersonville Farmers Market.

Return this application either via email to: info@JeffMainStreet.org
OR to: Jeffersonville Main Street, P.O. Box 1474, Jeffersonville, IN 47130

Do not mark in this box. **To be completed by Jeffersonville Farmers Market.**

Date application received: _____

Application is: Approved Not approved at this time (add to waiting list)

Approved on the following conditions: _____

BY: _____ Date: _____