Jeffersonville Farmers Market
Jeffersonville Main Street Inc.
Vendor Application
Food and Plant Sales

Market Manager Phone: 812-288-7246 Email: FarmersMarket@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 certificates 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 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 via email to: FarmersMarket@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:_________