

TOWN OF HARMONY FARMER'S MARKET APPLICATION



NAME _____

MAILING ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

FARM NAME _____

FARM ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

If applicable, give name of seller's other than yourself who will be selling your produce and/or merchandise:

YEARLY MEMBERSHIP DUES: NO FEE

Date you plan to begin selling: _____

I acknowledge that I have been provided with a copy of the policies governing the operation of the market and that I will abide by these policies. I further agree to allow representatives of the market to visit the premises where the products I intend to sell are produced. I agree that I am solely responsible for my produce or merchandise sold by me or any agent acting on my behalf at Harmony Farmer's Market. If I do not follow these rules, I will be asked to leave the market.

Signature

Date

PRODUCE AND/OR MERCHANDISE:

PLEASE ADD MAP WITH DIRECTIONS TO YOUR FARM OR BUSINESS.

THE HARMONY FARMERS MARKET

**IS MANAGED BY
THE TOWN OF HARMONY
PO BOX 118
3389 HARMONY HWY
HARMONY, NC 28634**

DOUG GALLIHER 704-881-8094

OFFICE USE ONLY

APPLICATION RECEIVED BY: _____ DATE _____

ANNUAL SELLING FEE RECEIVED: _____ DATE: _____

SITE VISIT MADE BY: _____ DATE _____

APPLICATION APPROVED: _____ DATE _____

APPLICATION DENIED: _____ DATE: _____

REASON: _____