



Please return in self-addressed envelope by March 21, 2025

Vendors must complete this form prior to selling at the Nashville Farmers Market
Mail to: Town of Nashville PRCR Department IPO Box 987 I Nashville NC 27856
Email to: Farmersmarket@townofnashvillenc.gov

			Ven	dor Informa	ition				
Farm or Business NameTelephone									
VENDOR TYPE (Select One) □Farmer/Produce/Grower □Homemade Baked Goods/Specialty Food □Handmade Artisan									
Address		C	ty State Zip						
Name of Social Media Pages Email Address									
Crop Location	(Exact Addres	ss Location)							
You must list	below all iten	ns you will be	selling at the	2025 Nashville	e Farmers Ma	rket.			
Unprocessed	agricultural ite	ems that I actu	ally produce ₋						
Other items	– Please refer	to Market Ope	erational Guid	lelines for addi	tional require	ments and 3	pictures of iten	ns listed	
Circle the dates you plan to attend the Nashville Farmers Market for the 2025 season:									
April	May	June	July	August	Sept	Oct	Nov	Dec	
Fri	Fri	Fri	Fri	Fri	Fri	Fri	Tues	Fri	
11	2	6	11	1	26	17	21	5	
18	9	13	18	8					
25	16	19	25	15					
	23	27		22					
	30								
Full Season (includes Holiday Markets) - \$184									
		Gues	t Vendor Fe	e - \$10 for e	ach market	date			
I hereby submit this request to become a "Market Certified Vendor" at the Nashville Farmers Market. I agree to allow the Farmers Market Manager to visit and inspect the location, property and facilities where I produce the products that I sell at the Nashville Farmers Market. I agree to provide sales and/or service to all Farmers Market customers regardless of their race, color, national origin, religion, gender, age or disability. If I plan to sell products other than unprocessed agricultural items that I actually produce, I understand I must provide the Farmers Market Manager a copy of my NC Department of Revenue "Certificate of Registration". My signature below affirms I have received, understand and agree to abide by the most recently published "Market Operational Guidelines for Market Vendors". Furthermore, I agree my failure to comply with any of these published guidelines or any of the here above stated requirements, as determined by the Farmers Market Manager, may result in revocation of my market certification and loss of my privilege to participate as a vendor at the Nashville Farmers Market. I further agree to indemnify and hold harmless Nashville government, staff or volunteers from any claims arising from my participation as a vendor at the Nashville Farmers Market									
Vendor's Name				Signature			Date		
Parks, Recreation, and Cultural Resources Director Signature							Date		
OFFICE USE (ONLY O	n-farm Inspec	tion 🛭 Ho	me Kitchen In	spection \square	Better Pro	ocess Control S	chool	

Crafts Approval ☐ Certificate of Registration ☐ Scale Inspection