

Application to Sell at the Swain Tailgate Farmers Market

Name(s): _____

Street Address: _____

City: _____ Home Phone: _____ Cell Phone: _____

Farm or business address if different from above _____

County: _____ County Road Name: _____

Please draw below a map with clear directions to your farm or business. If needed feel free to write on the back of this form for additional space.

If applicable, give name(s) other than yourself who will be selling your produce and or merchandise: _____

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 a representative 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 a family member on my behalf at the Swain Tailgate Farmers Market.

Signature: _____ Date: _____

Directions to Farm:

Please mail this 2010 application to: Swain Extension Center, Attention Christy Bredenkamp PO Box 2329, Bryson City, NC 28713

