



CHERRYVILLE FARMERS MARKET 2015 VENDOR APPLICATION

Farm or Business Name: _____

Names of Owner(s): _____

Mailing Address: _____

Home Phone: _____ cell: _____ e-mail: _____

Farm or Business website: _____

Provide one of the following, or both, if applicable (depending upon what items you want to sell):

- NCDOR Certificate of Registration Number: _____
- NCDOR Sales Tax Exemption Certificate Number: _____

Will you be selling items subject to NC sales tax? ____ Yes ____ No

Will you be selling items exempt from NC sales tax? ____ Yes ____ No

Names of helpers who may assist you at selling at market: _____

Do you intend to sell every week or on an occasional basis? _____

IF YOU ARE A GROWER:

Do you farm full-time or part-time? _____

How long have you been gardening or farming? _____

How much area do you have in production? _____

How long has the area been under cultivation? _____

What water source do you use to wash harvested produce? _____

At which other farmers markets in the area do you sell, if any? _____

IF YOU ARE A MEAT PRODUCER:

Are your animals pasture-raised? _____ Kept indoors? _____ Combination? _____

Please explain your pasture-based practices: _____

What, if any, feed additives or injectables do you use to supplement the animals' normal diet? _____

What, if any, hormones or antibiotics do you use to maintain the animals' health? _____

Are your ruminant animals grass-fed only? _____ If grain-fed/finished, how many weeks are they fed grain before slaughter? _____

IF YOU ARE A BAKER OR A SPECIALTY CONSUMABLE PRODUCTS MAKER:

What is your background regarding the production of these products? _____

Are you a formally trained chef? _____

Are your products made or processed at home or in a commercial kitchen? _____

What makes your baked goods/prepared food unique? _____

Please attach a copy of licenses/permits, certifications and inspection forms pertinent to the products you want to sell at the market.

WHAT PRODUCE OR PRODUCTS DO YOU PLAN TO SELL? Please estimate below, by category (1. Raw or minimally-processed farm products; 2. Processed foods; 3. Dairy, meat, and refrigerated products; 4. Crafts and artisan-produced products) the percentage of total sales each category represents (total should equal 100%). And for each applicable category, circle or check the general types of products that you intend to sell and list each of the individual products in the space provided.

1. Raw or minimally-processed farm products (Estimated % of sales _____)

Raw vegetables and fruits:

Eggs:

Honey:

Herbs:

Bedding plants:

Landscape plants:

Cut Flowers:

Other:

2. Processed foods (Estimated % of sales _____)

Baked goods:

Fresh-prepared foods:

Jams, jellies, and preserves:

Vinegars:

Juice, coffee, and tea:

Other:

3. Dairy, meat, and refrigerated products (Estimated % of sales _____)

Cheese and other dairy products:

Meat (requiring a meat handler’s license from NCDA):

Acidified foods such as pickles and relishes:

Other:

4. Craft and artisan-produced products (Estimated % of sales _____)

Farm crafts (produced predominantly from materials grown or harvested by the crafter):

Non-farm crafts (made predominantly from products not grown or harvested by the crafter):

I acknowledge I have been provided with a copy of the policies and rules governing the operation of the Cherryville Farmers Market and I will abide by these market policies, rules, and guidelines. I further agree to allow representatives of the CFM to visit the premises where the products I intend to sell are produced. I certify the information contained in this application is true and accurate. As a condition of participation at the CFM, I agree to release and hold harmless the Cherryville Farmers Market, the Cherryville Chamber of Commerce, Inc, and the City of Cherryville, including any directors, officers, employees, and volunteers from all claims relating to property damage or personal injury to myself, my family members, employees, or volunteers arising from such participation at the CDFM. I assume the sole risk of selling at the market site.

Name of Business _____ Vendor Name _____

Signature _____ Date _____

If you mail or fax the Cherryville Farmers Market Application, please forward to the following address:

**Cherryville Chamber of Commerce
220 East Main Street
PO Box 305
Cherryville, NC**

**Phone: 704-435-3451
Fax: 704-435-4200**

NOTE: If you're selling fresh produce at the CFM, you need a Grower's Permit signed by the Agricultural Extension Agent or County Extension Director in your respective county. These are available free of charge.

Prospective vendors can obtain a Grower's Permit at no cost. Daniel Shires, Agriculture Extension Agent for Cleveland County, handles the Grower's Certificates/Permits for Gaston and Cleveland Counties. You may reach Daniel at 704-482-4365 or daniel_shires@ncsu.edu).

If you located outside Gaston or Cleveland Counties, you may call your local County Extension office. Area county extension service offices are below:

Gaston County Center
1303 Dallas-Cherryville Hwy
Citizens Resource Center
Dallas, NC 28034
(704) 922-0301
(704) 922-2140 fax
Office Hours: 8-5 Mon-Fri

Cleveland County Center
130 S Post Rd
Suite 1
Shelby, NC 28152
(704) 482-4365
(704) 480-6484 fax
Office Hours: 8-5 Mon-Fri

Lincoln County Center
115 W Main St
Lincolnton, NC 28092
(704) 736-8452
(704) 736-8828 fax
Office Hours: 8-5 Mon-Fri

Catawba County Center
1175 S Brady Ave
Newton, NC 28658-0389
(828) 465-8240
(828) 465-8428 fax
Office Hours: 8-5 Mon-Fri

<http://www.ces.ncsu.edu/local-county-center/>

-----For CFM use only-----

Application received by: _____ **Date** _____

Site visit made by: _____ **Date** _____