



2019 Farmers Market APPLICATION

Please provide all of the following information:

Business/Farm Name _____

Owner/Contact Name _____

Address _____

Phone _____ Cell _____ Email _____ Website _____

Please circle the dates you are applying for if not all season:

May 2 9 16 23 30

June 6 13 20 27

July 11 18 25

August 1 8 15 22 29

Sept 5 12 19 26

Cost: _____ \$10 per market _____ Half Season \$50 _____ All Season \$100

(All season is 21 markets and Half is any 10 market days please indicate which 10.)

Please list all items that you would like to sell at the market. Please review our Operating Guidelines for Farmers Market for information on eligible goods. **If you would like to sell handmade arts & crafts, please email or attach photos of your work so we can verify eligibility for our market.**

If your item requires a license, permit or certification, a copy MUST be attached.

By signing this agreement, participants acknowledge that they have received and read a copy of the Operating Guidelines and agree to abide by the guidelines and decisions of management.

Signature _____ Date _____

Please mail or drop off signed application to:

City of Sylvania City Hall, 104 South Main Street, Sylvania, GA 30467, Phone 912-564-7411, Fax 912-564-2121, csylv@planters.net