**Southwest Arkansas Farmers’ Market Consortium**

**Season Vendor – All Markets - $75**

During February grower meeting only. Includes $15 nonrefundable registration fee, **custom vendor apron\*** and rent for **all days at all three markets**.

\*Name on Apron:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Farm/Business on Apron: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Season Vendor – One Market - $50**

Includes $15 nonrefundable registration fee and rent for all days at **any individual market**.

* Hope Farmers’ Market
* Howard County Farmers’ Market
* Old Washington Farmers’ Market

**Hope Farmers’ Market**

**Howard County Farmers’ Market**

**Day Vendor - $15**

$15 nonrefundable registration fee and vouchers for **three days** **at any of the markets** (days do not have to be consecutive), $5 per day thereafter at any market.

**Old Washington Farmers’ Market**

Vendor Registration Form - 2018

**Honey Only Vendor – $Paid by Beekeeper Association**

Southwest Arkansas Beekeepers pays a fee of $75 and provides a list of their members who may sell honey at market in their stall. Hives must be within 75 miles of Old Washington Farmers’ Market.

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best way to contact you (check all that apply): 🞎home phone 🞎cell phone 🞎text 🞎email**

Location of Farm/Garden: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Produce/Products you plan to sell at Market: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that any produce I or a family member (as defined in the rules and regulations) sell at Howard County Farmers' Market, Old Washington Farmers' Market and Hope Farmers' Market **must be grown at the above farm/garden** and that I may not sell produce/products grown by anyone else or produced at another location. Except as authorized below, no one other than a family member may sell my produce/products at the Markets.

I HAVE READ THE RULES AND REGULATIONS OF THE SOUTHWEST ARKANSAS FARMERS' MARKET CONSORTIUM AND AGREE TO ABIDE BY THE SAME.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grower /Date Market Manager Approval / Date

Check # \_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization of Representative/Employee to Sell:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to sell produce/products from my farm/garden (as described above) at Howard County Farmers' Market, Hempstead County Farmers’ Market at Hope and Hempstead County Farmers’ Market at Old Washington. I understand that this person is representing me as the vendor at the Markets and that I may not sell my produce to this person or anyone else for resale at the Markets. I also understand that my produce/items must be sold from my table or otherwise separated from any other vendor’s items and clearly identified as mine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grower /Date Market Manager Approval / Date