



**Historic Downtown Acworth Farmers' Market**  
***2020 Vendor Application***

***April 10th - October 30th 8:00am-12noon***

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: (Circle) YES or NO

Street Address: \_\_\_\_\_

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

FARM ADDRESS (if different): \_\_\_\_\_

Website Address (if you have one): \_\_\_\_\_

May we release your contact info should anyone request it? : (circle one) YES or NO

**Type of Vendor: (check ALL that apply)**

- Produce - Homegrown by Applicant in Georgia
- Produce - Resale from Georgia Grown sources (not grown by vendor)
- Baked Goods - Homemade by Applicant (attach any licenses you may have)
- Bath & Beauty Products - Homemade by Vendor
- Eggs (must attach Candler's Certificate)
- Meats (must attach Mobile Meat Vehicle License)
- Plants
- Other - list type \_\_\_\_\_

**\*\*\* How Often Do You Plan To Participate This Season: (explain) \_\_\_\_\_**

Please describe and list **ALL** items to be sold at market. Bear in mind that if you fail to list an item it may be excluded. If you are wholesaling (selling any items you didn't make or grow yourself) you **MUST** list the manufacturers information as well. Be as specific as possible.

Individual item acceptance is at the discretion of the Market Management Team. Attach additional sheets if needed.

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Tax ID #: \_\_\_\_\_ County Sales & Occupational Tax ID# \_\_\_\_\_  
Attach copies of any business license and insurance policy you may have (if applicable)

By signing this application, you certify that you are in agreement with all that is set forth in the RULES & REGULATIONS PAPERWORK and further agree to any changes in terms deemed necessary for the current season by the Management Team and/or the City of Acworth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NO electronic signatures accepted)

Printed Name: \_\_\_\_\_

**Please complete application and mail or fax to:**  
include copies of all relevant licensing

Jeff Chase  
c/o Acworth Parks and Recreation Department  
4361 Cherokee Street  
Acworth, GA 30101  
ph: 770-917-1234  
fax: 470-648-0599

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**For official use only:**

Date Application Received: \_\_\_\_\_ Contact Information verified: \_\_\_\_\_

Farm or Facility Visit information: \_\_\_\_\_

Approved : YES or NO

Additional Information and/or limitations \_\_\_\_\_

Management Signature : \_\_\_\_\_ Date: \_\_\_\_\_