



Name: _____ Phone: ____ / _____

Mailing Address: _____

E-Mail: _____ Website: _____

Ashe County location where product is grown, produced or made

Sharing Space - NO MORE THAN 2 VENDORS PER SPACE:

Designated Agent – If I am not able to sell at Market:

Please be specific. Customers may contact the Market Manager to inquire about certain items available at the market or from your farm. Information will be obtained from this form.

Nursery Crops	*Processed Foods	Flowers	Fruit	Vegetables
1)	1)	1)	1)	
2)	2)	2)	2)	
3)	3)	3)	3)	
4)	4)	4)	4)	
5)	5)	5)	5)	
6)	6)	6)	6)	
7)	7)	7)	7)	
Honey/Molasses	Meat/Dairy/Eggs	Herbs	Other	
1)	1)	1)	1)	
2)	2)	2)	2)	
3)	3)	3)	3)	
4)	4)	4)	4)	
5)	5)	5)	5)	
6)	6)	6)	6)	
7)	7)	7)	7)	

Total Acreages In Production _____
 Do you have wholesale amounts available? _____

***All processed foods require a kitchen inspection/annual water test certification form must be available at the vendor's booth and kept on file by the Market Manager.**
 I understand that my signature affirms that I am a Producer in Ashe County and that my product is HOME GROWN or HAND MADE in Ashe County. I understand that no vendor refunds will be given under any circumstances.

Producer Signature: _____ Date: _____

Paid: \$ _____ Cash: _____ or Check # _____ Space # _____

Grass Area _____ To be Assigned _____

ACFM, Inc. Representative Signature: _____ Date: _____