



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

## 2017 Vendor Registration Form

Vendor Name(s) \_\_\_\_\_ Business Name \_\_\_\_\_

If sharing space, name of second vendor (2 per space) \_\_\_\_\_

Designated Agent(s) to sell on your behalf: \_\_\_\_\_

### Vendor Home Address

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Mailing Address (if different)

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Vendor Contact Information

Home Phone # \_\_\_\_\_ Cell # 1 \_\_\_\_\_

E-mail \_\_\_\_\_ Cell # 2 \_\_\_\_\_

### County of Residence

Ashe
  Allegheny
  Wilkes
  Watauga
  Johnson (TN)
  Grayson (VA)

I understand that my signature below affirms that I am a resident of the county I have selected above and that all items I will offer for sale at the Market are grown, produced or made by my hand in the county selected.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACFM Vendor Registration Fees:

		<i>Internal Use only</i>	
		Amount Due	Amount Pd
<b>Permanent Space Vendor Fees</b>			
<b>General Membership Dues</b>		\$50.00	
Shelter Vendor		\$200.00	
Grassy Area Vendor		\$125.00	
<b>Drop in Vendor Fees</b>			
General Membership Dues (Due at Registration)		\$50.00	
<b>Special Fees Due at Registration (Circle Yes or No)</b>			
Christmas in July	Yes No	\$40.00	
ACFM Website Sponsor Link	Yes No	\$25.00	
<b>Total:</b>			

\_\_\_ Cash    \_\_\_ Check # \_\_\_\_\_    Receipt # \_\_\_\_\_

**NC Department of Revenue Sales and Use Tax Compliance**

The North Carolina Department of Revenue (NC DOR) requires all Farmers Market vendors to be in compliance with tax regulations *and* requires markets to have supporting records.

**Complete 1 of the following 2 options:**

**Option 1:**

\_\_\_\_\_ I am registered with the NC Department of Revenue. My Tax ID Number is: \_\_\_\_\_.

*I will provide the market with a copy of my certificate of registration, which will also be displayed at all times while at the Ashe County Farmers Market.*

**Option 2:**

\_\_\_\_\_ I am a farmer who only sells farm products I have grown in their original state and I have a tax exemption number:

My tax exemption number is : \_\_\_\_\_

**or**

I certify that all products that I sell at the Ashe County Farmers Market (ACFM) are exempt from sales tax and that I am not required to provide a Certificate of Registration to the ACFM. I am a farmer who sells unprocessed farm products produced by me.

Legal Name of Vendor \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For more detailed information about tax compliance that includes a link to a website where you can register with the NCDOR visit: [NC DOR Sales and Use Tax for Specialty Markets](#)

[NCGS 105.164.13W. Exemption for Farmers](#)

## Additional Documentation Requirements

Each vendor is fully responsible for compliance with all applicable laws relating to their products. The market requires copies of compliance documents be submitted annually with your application.

### **Processed Food**

Processed food includes any food that undergoes some sort of processing before sale, such as baked goods, jams, jellies, preserves, dried fruit, etc.

1. Do you sell processed food? \_\_\_\_YES \_\_\_\_NO

If yes, the following is required:

- **NCDAs Kitchen Inspection**
- **Annual Well Inspection** or a copy of your city/town **Water Bill** showing your address as it appears on your application.

2. Do you produce your product in a commercial kitchen? \_\_\_\_YES \_\_\_\_NO

If yes, where is the commercial kitchen?

\_\_\_\_\_

3. Do you sell pickles, canned vegetables, relishes, acidic foods, tomato products? \_\_YES\_\_NO

**May require food testing and additional information.**

### **Meat and Poultry**

1. Do you sell whole or processed chickens, turkey, or rabbit under the Federal Exemption P.L. 90-492  
\_\_\_\_YES \_\_\_\_NO

2. Have you been inspected and registered by the NCDAs Meat and Poultry Division \_\_\_\_YES\_\_NO

3. Do you sell other meats, like beef or pork, that do not fall under the above exemption?

\_\_\_\_YES\_\_\_\_NO

- If yes, a copy of your **Meat Handlers Registration** is required.

### **Dairy Products**

Do you sell dairy products? \_\_\_\_YES \_\_\_\_NO

- If yes, a copy of your **Dairy Certification** is required.

### **Organic**

Do you use the word organic in your business name or any product representation? \_\_YES\_\_NO

- Requires **USDA Organic Certificate**; or
- **Small Scale Organic Grower's Declaration of Exemption from Certification**

### **Nursery Items**

Do you sell nursery stock or plants or collected plants? \_\_\_\_YES \_\_\_\_NO If yes, attach:

- **Nursery Certification** or **Nursery Registration**

## Additional Vendor Information and Acknowledgements

**Please  
Initial**

I have received a copy of the ACFM Policies and Procedures and understand that this document is also available on the ACFM website at [www.ashefarmersmarket.com](http://www.ashefarmersmarket.com) for my review. I am responsible for reading and following these rules. I also understand they are subject to change during the season and that I will be notified of any changes in writing.

I understand that as a vendor with a permanent space that if I am not going to attend the Market on a given Saturday that I should notify the Market Manager by 5 pm the previous Thursday of my absence to assist with space assignments.

All products that I sell at the market will be raised, grown or made by me within the eligible counties. I understand that no resale of any products is allowed at the Market, which means I will not purchase product from another store or entity and resell that product as my own.

Each vendor participating in the Market shall be responsible for any loss, personal injury and/or damage that may occur as the result of the vendor's actions and agrees to hold harmless the ACFM from any losses, damages, claims, suits or actions, judgments and attorney fees.

I am aware that vendors are encouraged to maintain their own liability insurance.

In the event me, or anyone working in my booth falls seriously ill during market hours or requires emergency medical attention the Market Manager or a Director at their discretion may seek emergency medical attention on my behalf.

I understand that membership fees at the ACFM are not pro-rated or refunded.

I understand that as a vendor, I am committing to selling at the Market on those days I attend through the Market's advertised open hours.

I understand that my signature affirms that I will be available to volunteer for events, meetings, and other circumstances that may require vendor participation during the Market Season.

**Agreed to:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_