



## FARMERS MARKET PURVEYOR INFORMATION

To be completed at least two (2) weeks before FARMERS MARKET event or function

### GENERAL INFORMATION

Organization's Name: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### EVENT INFORMATION:

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of use: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

### PRODUCT INFORMATION

List of products to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of the food: \_\_\_\_\_

List food items that will be prepared at home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_