Franklin's Market on Main
2020 Application
Please notify Market Manager of changes/additions to this form.

Farm/Business Owner(s): _____

Farm/Business Name: _____ **Date Began:** _____

Mailing Address: _____

Farm/Business Address: _____ **City/County:** _____

Phones: **Business:** _____ **Cell:** _____ **Home:** _____

E-mail: _____ **Distance From Market:** _____

Business Type: __ Family Owned __Sole Proprietor __Partnership __Corporation __Other

Check items to be sold at market:

____Produce ____Eggs ____Honey ____Home-canned goods
____Plants ____Crafts ____Firewood ____Baked Goods
____Cider ____Seafood ____Cured meats ____Cut Flowers
____Other: _____

Markets You Plan to Attend:

Full Season _____ **Monthly** _____ **Daily** _____

May we use your business name and/or photo in promotional campaigns? DNo DYes

Provide a copy of the following that apply to your business:

Kitchen certification/license____ Organic Certificate____ VA Finest Certificate____

Lease/Partnership Agreements (Specify lease holders name)_____

Any other applicable Certificates/Licenses_____

Signed: _____ Date:_____

(Signature implies intent to comply with all policies and procedures of the Farmers' Market)