Ooltewah Farmers Market
Vendor Application

Vendor Application Process

Prospective vendors must fill out a yearly application, be visited by the OFM Market Manager or other representative of OFM, and pay the yearly $2O.00 application fee. Vendor applications will be reviewed and accepted at the discretion of the OFM Market Manager. Your application fee is due along with your application, and must be received before the Market Manager can visit your farm. After your application is approved and the fee has been received, the Mkt. Mgr. will contact you to schedule a visit to your farm. The purpose of this visit is to confirm that the items you wish to sell are indeed locally grown by you. We do not judge your farm or farming practices. This process gives market shoppers confidence in you, your products, and the market itself. The application fee offsets the travel costs of this visit. Make checks or money orders payable to: *Ooltewah Nursery & Landscape Co., Inc.* Your signed written application and application fee may be submitted in person (during business hours) or by postal mail to:

Ooltewah Farmers Market
At Ooltewah Nursery & Landscape
ATTN: Faith Sharp, Mkt. Mgr.
5829 Main Street
Ooltewah, TN 37363

Vendor Application

Farm Name _____

Mailing Address _____ Physical Address_____

City, State, Zip _____ City, State, Zip_____

Phone (_____) _____ Phone (_____) _____

Email _____ Website _____

Owner Name(s) _____

Primary Contact Person_____ Best Way to Contact _____

Number of acres farmed_____ Does your farm have a Facebook page?_____

Is your farm:
☐ Certified Organic   ☐ Organic, but not certified ☐ Certified Naturally Grown
☐ Practices sustainable agriculture ☐ Conventional Farm
☐ Other: _____

☐ Other: _____

Is your farm a current member of the Harvested Here Local Food Program? ☐ Yes ☐ No

Are you or your farm a member of any other farm or agriculture oriented organizations? ☐ Yes ☐ No

Organization name(s):_____

Do you offer a CSA? ☐ Yes ☐ No

Would you like to add OFM as a CSA Pick-up location? ☐ Yes ☐ No

What payment methods will you accept at market? ☐ Cash ☐ Check ☐ Credit Card ☐ _____

Please list any **value-added or prepared products** to be sold:

_____

_____

_____

Please list all **agriculture products** to be sold:

_____

_____

_____

_____

_____

_____

Please use this space to tell us anything about yourself, your farm, or your farming techniques that you would like us or our shoppers to know:

_____

_____

_____

_____

Please indicate which months of the year you are interested in selling at OFM, if approved:

☐ April   ☐ May   ☐ June   ☐ July

☐ August   ☐ September   ☐ October   ☐ November

☐ December   ☐ January   ☐ February   ☐ March

Vendor Agreements

I submit that the information provided for my participation in the Market is accurate and complete, that I have received, read, and understand the Ooltewah Farmers Markets Rules, I agree to abide by the rules as described in the Ooltewah Farmers Markets Rules and Regulations.

Signature_____Date:_____

I understand that it is the responsibility of my farm to procure any licenses, forms, certifications, etc., from any corresponding government agencies that may require it. Furthermore, I understand that it is the responsibility of my farm to carry any applicable insurance coverage, such as liability or other coverage. I agree to hold harmless the Ooltewah Farmers Market and Ooltewah Nursery & Landscape Company Inc., their officers, employees, agents, and representatives from any legal or financial liability in case of accidents or incidents occurring at or as a result of participation in the Ooltewah Farmers Market.

Signature_____Date:_____

I release Ooltewah Farmers Market and Ooltewah Nursery and Landscape Company, Inc. to use the following for the purpose of advertising: photos/videos/audio of myself, my farm, my farm products and any information I have provided on forms I submit.

Signature_____Date:_____

Application Fee $20

☐ Cash

☐ Check # _____ (*Must have a phone # and D.L.# on check*)

☐ Credit Card (*Visa, Mastercard, Discover accepted*)

_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _   [?]

Exp. _ _/_ _ Billing Zip Code _____ CVV_____ (3-digit code on back)

Card Holder Signature: _____

DO NOT WRITE BELOW, FOR OFFICIAL USE ONLY

Application received by:_____ Date Application Received:_____

Application Fee Amount Paid $_____ Date Fee Received:_____

Site Visit made by: _____ Farm Visit Date:_____

Applicant approved date:_____