



2012 VENDOR CONTRACT AGREEMENT
Foothills Farmers' Market

Vendor Name _____

Address _____ City _____

Zip Code _____ Phone _____ Fax _____

Email _____

Check any that apply:

- I require electricity
- I will accept EBT payments
- I authorize posting of my business and contact information on the FFM website
- I use scales while selling my products

Which market locations will you sell at?

- Uptown Shelby Market
- Shelby Satellite Market
- Boiling Springs Satellite

List the name to appear on your vendor sign: _____

I have read the rules, regulations & policies for the Foothills Farmers' Market and hereby agree to abide by them. I also acknowledge that the products I will sell must be of my own production and produced at the location described in this application. I acknowledge full responsibility for all my activities at the Market (and for those assisting me) throughout the term of this seasons' agreement. I acknowledge the authority of the Market Manager/Managers to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I agree to allow for inspection of my records or the premises where the products offered for sale are produced.

I agree to the terms of the Foothills Farmers' Market Policies & Procedures.

Signature of Vendor Date

Signature of Market Manager Date

Return this signed agreement with application packet to:
Foothills Farmers' Market, PO Box 502, Shelby, NC 28151-0502