



Port St. Joe SaltAir Farmers' Market Vendor Application

Name: _____

Name of others involved: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell phone:** _____

E-mail: _____

Liability Insurance: Carrier _____
(Food Vendors Only)

Policy Number: _____

Name of the products you intend to sell at the market:

Please describe your farm/business (i.e. PT or FT? How many acres? Organic? How long have you been a producer? What else?)

I understand and agree to the Port St. Joe SaltAir Farmers' Market Vendor Application Rules.

Signature: _____ **Date:** _____