



MARKET APPLICATION

The application must be filled out completely by Feb. 12th for a free stall on 3/5

Application Fee: \$0

Your Farm or Business Name: _____

Your Name: _____

TX STATE TAX (UBI)#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

** Farm or Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

*** If you own/lease multiple tracts of land (Orchards, Row Crops) please list the additional addresses on the back of this form.

Home Phone: _____ Fax: _____

Business Phone: _____ Cell Phone #1: _____

E-Mail Address*: _____ Website: _____

Business Facebook Page: @ _____ Instagram Page: @ _____

Does your business carry General Liability Insurance? _____ If yes, who is your carrier? _____

Does your business carry Product Liability Insurance? _____ If yes, who is the carrier? _____

Highlight or circle frequency you are requesting to be at our market:

Weekly Biweekly Monthly Quarterly Start Date: _____

- **Daily Stall Fees:** See separate document for fees and payment terms.

- **Discounts:** 10% if you are a Veteran OR Live/Work in 78063 for a total of 10%. Submit your DD214 or documentation of your status in 78063 with this application. 10% discount for vendors who accept EBT for WIC/SNAP with the USDA.

Please check all licenses and permits you are required to have to operate your business and provide a copy of each with your application:

- | | |
|--|---|
| <input type="checkbox"/> Temporary Event Permit (Health Dept.) | <input type="checkbox"/> Grade A Dairy Permit |
| <input type="checkbox"/> Food Handler's Permit | <input type="checkbox"/> Foragers provide copies of any National or Local Forest Permits, mycological society memberships, etc. |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> Hive Registration |
| <input type="checkbox"/> Organic Certification | <input type="checkbox"/> EBT: WIC/SNAP |
| <input type="checkbox"/> Nursery License | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Egg Handler | |

Please list **ALL** items to be sold at our market (including all produce you planted and plan to bring):

Are you a certified organic grower? Yes No Certification #: _____

Total # of acres you cultivate for your farmer's market business: _____

Total # of acres your own: _____ Total # of acres you lease/rent: _____

Total # of acres of orchard: _____ Total # of acres of row crop: _____

What other farmers markets do you attend? _____

I certify that all products or other items I offer for sale at the Lakehills Farmers Market have been grown by me in the State of Texas. I will abide by the rules and regulations of the Lakehills Farmers Market. I understand that applications are considered on a first-come, first-served basis.

Signature: _____ **Date:** _____

YOUR CONTRACT IS NOT COMPLETE WITHOUT YOUR SIGNATURE ON THE VENDOR RULES AGREEMENT SHEET SEND TO:

Michelle Speicher, Lakehills Farmers Market, 101 Center St., Lakehills, TX 78063 or via email at michelle@lakehillsfarmersmarket.com

All communication regarding this farmers market is by email. Please check your email regularly and ensure that michelle@lakehillsfarmersmarket.com is on your approved sender's list.

