



# Historic Downtown Acworth Farmers' Market

## 2024 Vendor Application

April 5th - October 25th 8:00am-12noon

Vendor Name \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Text: YES or NO

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FARM or Kitchen ADDRESS (if different): \_\_\_\_\_

Website Address (if you have one): \_\_\_\_\_

May we release your contact info should anyone request it? : (circle one) YES or NO

### Vendor Type Category: (mark ALL that apply)

- Produce - Homegrown by Applicant in Georgia (80+%)
- Produce - Resale from Georgia Grown sources (80+%, but not grown by vendor)
- Produce - not the vendors primary product line (less than 80% and you sell other items)
- Eggs (must attach Candler's Certificate)
- Meat- Farm Raised (must attach Mobile Meat Vehicle License)
- Meat/Fish/Poultry -other than farm raised
- Plants (must attach list of what you plant to bring and Live Plant License if available)
- Baked Goods - Homemade by Applicant (FULL list of products must be attached)
- Jams & Jellies
- Bath & Beauty Products - Homemade by Vendor
- Craft - MUST BE Agricultural in nature : \_\_\_\_\_
- Other - list type \_\_\_\_\_

Attach Food Sales Establishment License - if Applicable

Attach Cottage Foods License - if applicable

### Participation Category: (Market is 30 weeks total) : Select option that applies best

- Occasional Vendor ( 1 - 14 weeks of participation)
- Partial Season Vendor (15 - 24 weeks of participation)
- Full Season Vendor (25 - 30 weeks of participation)

Please describe and list **ALL** items to be sold at market. Bear in mind that if you fail to list an item it may be excluded. If you are wholesaling (selling any items you didn't make or grow yourself) you **MUST** list the manufacturers information as well. Be as specific as possible. Attach additional sheets if needed.  
\*\*All approved items are at the sole discretion of the Market Management Team

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Tax ID #: \_\_\_\_\_ County Sales & Occupational Tax ID# \_\_\_\_\_  
Attach copies of any business license and insurance policy you may have (if applicable)

By signing this application, you certify that you are in agreement with all that is set forth in the **RULES & REGULATIONS PAPERWORK** and further agree to any changes in terms deemed necessary for the current season by the Management Team and/or the City of Acworth at any time during the season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NO electronic signatures accepted)

Printed Name: \_\_\_\_\_

**Please complete application and mail or fax to:**  
include copies of all relevant licensing

Jeff Chase  
c/o Acworth Downtown Development Authority  
4415 Center Street  
Acworth, GA 30101  
ph: 770-974-8813

Onsite Market Manager: Tina Rhoades  
email: acworthfarmersmarket@gmail.com

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**For official use only:**

Date Application Received: \_\_\_\_\_ Contact Information verified: \_\_\_\_\_

Farm or Facility Visit information: \_\_\_\_\_

- o Approved : YES or NO

Additional Information and/or limitations \_\_\_\_\_

Management Signature : \_\_\_\_\_ Date: \_\_\_\_\_