



# Historic Downtown Acworth Farmers' Market

## 2025 Vendor Application

April 4th - October 31st 8:00am-12noon

(July 4th to be determined)

Vendor Name (person) \_\_\_\_\_

Business Name: \_\_\_\_\_ phone #: \_\_\_\_\_

Individuals manning your booth: \_\_\_\_\_ Text: (circle) YES or NO

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

Mailing 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 (Circle all that apply below)  
Home Grown      > 80%      < 80%      Resale      Not Primary Product  
Explain \_\_\_\_\_
- 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 - **MUST** attach **Cottage Foods** or **Food Sales Establishment License** - if available
- Jams & Jellies
- Bath & Beauty Products - Homemade by Vendor
- Craft - **MUST BE** Agricultural in nature : \_\_\_\_\_
- Other - list type \_\_\_\_\_

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

- Occasional Vendor      (< 12 weeks of participation)
- Partial Season Vendor      (12 - 24 weeks of participation)
- Full Season Vendor      (25 - 30 weeks of participation)

Please list **ALL** items to be sold at market (describe in detail when possible)  
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 email 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: \_\_\_\_\_