



Historic Downtown Acworth Farmers' Market

2026 Vendor Application

FRDAYS : April 10th - October 30th 8am-12noon

SATURDAYS : May 16th - Nov (TBD) 8am-12noon

(We will be CLOSED on Saturday July 25th & October 17th due to City Events)

*Business Name: _____

*Vendor Name (person) _____ * 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

****Which market would you like to be considered for (check what applies)**

- ☐ FRIDAYS - 30 Market days
- ☐ SATURDAYS - 24 Market days
- ☐ BOTH

****Participation Category : Select option that applies best (see Rules for explanation)**

- ☐ Partial Season Vendor (circle those that apply) FRIDAY / SATURDAY
- ☐ Full Season Vendor (circle those that apply) FRIDAY / SATURDAY

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

- ☐ Produce (Veg & Fruit) - Homegrown (farm visits may be done anytime)
- ☐ Produce (Veg & Fruit) - Wholesale/ resale
- ☐ 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 plan to bring **AND** Live Plant License - if available
- ☐ Baked Goods - Attach detailed list & licensing you have (Food Sales or Cottage Foods)
- ☐ Jams & Jellies
- ☐ Bath & Beauty Products - Homemade by Vendor
- ☐ Craft - **MUST BE** Agricultural in nature : _____
- ☐ Other - list type _____

Have you participated at any other Farmers' Market in the area? (list) _____

Do you own/ operate a physical store? (where) _____

Do you wholesale to any locations? (list) _____

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

**** Please remember to attach copies of ALL licensing**

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 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:

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

For official use only:

Date Application Received: _____ Contact Information verified: _____

Farm or Facility Visit information: _____

○ Approved : YES or NO Management Signature/Date: _____