



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: _____