

**SMITH COUNTY FRUIT AND VEGETABLES
GROWERS' ASSOCIATION**

Farmer's Market Application

Name _____

Address _____

Phone Number _____

E-mail address _____

Products to be sold _____

Weekly _____ **Annually** _____

I understand that I must comply with all the rules and regulations of the farmers' market. If not, I will be asked to leave immediately. All decisions are final. I am responsible for my own setup and take down, and clean up of my area. The Fruit and Vegetable Growers' Association holds no responsibility for accidents or thefts.

Signed _____

Date _____