

MAILING ADDRESS:
P.O. Box 324
Dover, OH 44622



PHYSICAL ADDRESS:
259 S. Tuscarawas Avenue
Dover, OH 44622

www.tvffm.org • tuscfarmmarket@gmail.com • 330-577-TVFM (8836)

Tuscarawas Valley Farmers Market Vendor Application

Name: _____

Business Name: _____

Address: _____

Farm Location (if different from postal address): _____

Email: _____

Website: _____

Phone #: Daytime: _____ Evening: _____

List all products you intend to sell at the market (please use additional paper if needed to be legible):

Tell us a little bit about you and describe your operation, such as size, production type, livestock breeds, etc. (please use additional paper if needed to be legible): _____

Check the size that best describes your operation:

1-5 acres: ____ 6-10 acres: ____ 11-15 acres: ____ 16-20 acres: ____ 21+ acres: ____

What other types of marketing do you use for your product(s)?

Are you a part-time or full-time producer? _____

Do you require electricity? _____

Space fees are \$13 per space. Fees are collected on each market day. You may also pay for the entire season in advance and receive a 5% discount (this is non-refundable). Any days rained out or missed will not be refunded. Spaces are not guaranteed until Opening Day of the market season. **Please note: A \$100 security deposit is required of all new vendors.** If you fulfill your commitment, the full amount will be returned to you at the conclusion of the season.

Number of 12'x12' spaces required: _____

Which would you prefer? Covered space: ____ Open-air space: ____

What type of vendor will you be? (Refer to Market Guidelines for details): Full-time: ____ Part-time: ____

PART-TIME VENDORS: Which week of the month will you attend?

1st: ____ 2nd: ____ 3rd: ____ 4th: ____

SEASONAL VENDORS: Which month(s) will you attend?

NEW VENDORS: Please stop by the Information Booth for additional information about WIC, the SNAP program, and wellness vouchers.

How did you hear about our market? _____

List all other markets you attend and provide the names and phone numbers of the market managers. Please indicate if any of the markets are producers-only:

Do you prefer to be contacted by phone, email, or text (when possible)? _____

Do you offer CSA shares? _____

By signing this vendor application, you acknowledge that you have read and agree to comply with all Market Guidelines as well as any guidelines set forth by local, county, state, or national government organizations that pertain to the products you intend to sell. Your signature also implies the compliance of all persons who participate in the making, distribution, and sale of your product with the aforementioned guidelines. Your signature gives the Market permission to use information, photos, and/or logos pertaining to your business. The Market reserves the right to bar sale by any vendor or of any product at any time. The Market committee will review all applications, and vendors will receive written notification of acceptance or denial.

Signature: _____ **Date:** _____

Send your completed application to:

Email: cvyoder@hotmail.com

Mail: Valerie Yoder/Vendor Liaison, 10057 Welton Rd., Bolivar, OH 44612

Questions about your application? Call 330-795-0551

All other inquiries:

Email: tuscfarmmarket@gmail.com

Mail: Tuscarawas Valley Farmers Market, P.O. Box 324, Dover, OH 44622

Phone #: 330-577-TVFM (8836)