

Alachua County Farmers' Market Membership Application & Fee Receipt



Name of Person Making Application: _____

Mailing Address: _____

Phone Number: _____

Home: _____

Work: _____

Cell: _____

E-mail Address: _____

Name of Business: _____

Business Address _____

Where Products _____

Are Produced: _____

Authorized Representative: _____

Persons other than the applicant who may vote on behalf of the named business

I have read or am aware of the current Market Rules & Regulations (MRR) of the Alachua County Farmers' Market (ACFM) concerning participation in its Markets and I agree to abide by those Rules & Regulations. I have received a copy of the MRR _____ (initial).

I have read or am aware of the current By-Laws of the ACFM and agree to the Articles described therein. I have received a copy of the By-Laws _____ (initial).

I would like my email address added to the ACFM vendor mailing list: _____ Yes _____ No

I would like my business's contact info listed on the market website directory: _____ (initial)

Business Name: _____ Phone Number: _____

Email: _____ Website: _____

Description of items/specialty _____

Member Signature _____

Date _____

-----For ACFM Staff use only-----

FEES PAID:

Space No. _____

- | | |
|--|-----------------|
| 1. ANNUAL SELLER DUES: | \$ _____ |
| 2. ANNUAL ASSIGNED OR UNASSIGNED MARKET SELLING SPACE FEE: | \$ _____ |
| a. Annual assigned (under roof) – [\$125 + \$240 + tax] | |
| b. Annual assigned (outside of roofed area/grass area) – [\$125 + \$200 + tax] | |
| c. Annual unassigned (inside or outside) – [\$125 + \$150 + tax] | |
| 3. DAILY SELLER DUES: | \$ _____ |
| 4. SALES TAX | \$ _____ |
| TOTAL FEES PAID | \$ _____ |

Market Manager Signature _____

Date _____