

**LANCASTER COUNTY FARMERS AND ARTISANS MARKET
1920 PAGELAND HIGHWAY, LANCASTER, SC 29720**

VENDOR APPLICATION

VENDOR NAME: _____

VENDOR STREET ADDRESS: _____

VENDOR CITY, STATE, ZIP: _____

VENDOR HOME PHONE NO.: _____

VENDOR CELL PHONE NO.: _____

FARM ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

EMERGENCY CONTACT PH. NO.: _____

VENDOR DRIVER'S LICENSE NO. _____

VENDORS SOCIAL SECURITY NO. _____

CHECK ALL THAT APPLY:

_____ LANCASTER COUNTY FARMER/GROWER

_____ LANCASTER COUNTY GROWER/RESELLER

_____ LANCASTER COUNTY RESIDENT ARTISAN/CRAFTER

GROWERS LIST ALL PRODUCE YOU GROW AND INTEND TO SELL AT THE MARKET: _____

GROWERS/RESELLERS LIST ALL PRODUCTS YOU PLAN TO GROW: _____

LIST ALL PRODUCTS YOU PLAN TO RESELL _____

WHAT DAYS DO YOU PLAN TO SET UP YOUR BOOTH? CHECK ALL THAT APPLY.

June 4-June 30

___THURSDAYS 7A-1P

___SATURDAYS 7A-1P

Art & Ag Tour June 11

___SATURDAY JUNE 27 (8A-5P)

July 2-August 30

___TUESDAYS 7A-1P

___THURSDAYS 7A-1P

___SATURDAYS 7A-1P

September 1-October 29

___THURSDAYS 7A-1P

___SATURDAYS 7A-1P

November 5-December 31

___SATURDAYS 7A-1P or while supplies last

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I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE, OR MISREPRESENTED IN ANY RESPECT WILL BE CAUSE FOR EXPULSION FROM THE LCFM.

SIGNATURE

DATE