

Johnson City Farmer's Market Application for 2024 Season

Before filling out application please review the JCFM 2024 Handbook and complete any permits or licenses that may be required and submit them with application

Applicant Name (This Is the Primary/Voting Member):

Company/Business Name _____

Address _____ City _____

State _____ Zip Code _____

Phone# _____ Alternate # _____

Email _____

Which way do you prefer to be contacted? Phone _____ Email _____

Year Established _____ Is Electricity Needed _____

List all Alternate Sellers _____

Which Vendor Category best describes your product:

Farm/Producer _____ Value Added _____ Craft _____ Concessions _____

Brief Company Description (This is what the Public will see -This is used on the Social Media —Describe your products well)

Please list your social media and website addresses

Website _____

Twitter _____

Facebook _____

Instagram _____

TikTok _____

My business is: CIRCLE ONE:

(Certified Naturally Grown or Certified Organic requires an accompanying certificate)

Conventionally Grown Certified Naturally Grown Certified Organic

Are your products currently being sold at other locations: ____yes ____ No

Is so, where? (Example: Jonesborough Farmers Market)

SALE MONTHS: Circle ALL that apply:

Entire Season	May	June	July	Aug	Sept	October
	4	1	6	3	7	5
	11	8	13	10	14	12
	18	15	20	17	21	19
	25	22	27	24	28	26
		29		31		

If you commit to Sale Dates and are unable to attend, please notify the Market Manager immediately.

LIST ITEMS TO BE SOLD AT THE JOHNSON CITY FARMERS MARKET:

By Product—how many varieties of that product—what month these will be available (Jan- Dec)

Example: Tomatoes-June through Sept, Soap- all year, Pumpkins-Oct, Woodworking crafts-all year

If you have other products to be listed -please use the back of this sheet.

BOOTH ASSIGNMENTS:

- The Market Board of Directors, Lot Manager and Market Manager (referred to as Market Leadership in remainder of document) will assign booth space.

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Be sure to sign and date this form.

Primary Emergency Contact Name _____

Relationship _____

Primary Phone # _____ Alternate# _____

Secondary Emergency Contact Name _____

Relationship _____

Primary Phone # _____ Alternate# _____

_____ I give permission to display my contact information (phone #'s, email, and photos) for advertisement purposes for the Johnson City Farmers Market.

_____ I have read the JCFM Bylaws and the 2024 JCFM Handbook and agree to abide by them

Application must be completed in detail in order to be processed timely **this includes: license/permits/pictures/certification, etc. as required by Market Handbook and/or USDA/TN Dept of Agriculture.**

If any of your products require a LICENSE TO SELL, the license MUST be attached to this application in order for the application to be considered complete!

PICTURES of craft items to be sold must be included with the application in order for the application to be considered complete!

Name _____ Date _____

