

Ohio Valley Farmers' Market Seller's Application

Market Year:
market year:

Please submit to: Ohio Valley Farmers' Market P.O. Box 606 Bellaire OH 43906

Business Name:	
Seller's Name:	
Mailing Address:	
Phone:	Cell Phone:
E-Mail:	Website:
Please provide the following info	ormation:
1. Market(s) applying for:	SATURDAY THURSDAY
2. Please list the product(s) you	will be selling:
	nufactured or made by another business or person?
YES NO	If YES, please specify:
4. Please list any special feature	es of your business. What makes it unique? Examples include "fresh
fruit" pies, all-natural produ	acts, organic or chemical-free, pasture-raised, artisan crafts, etc.
Tif-amound do we have nerr	in the de liet was as a sallon on our wab sita?
	nission to list you as a seller on our web site? ase use back of form, if needed, for any of your answers.)
(*	se use back of form, if ficeded, for any of your anomoroly
	to the Ohio Valley Farmers' Market, I agree to abide by all rules as l submit a \$20 application fee upon approval of my application.
Signature:	Date: