



Ohio Valley Farmers' Market  
Seller's Application  
Market Year for which applying: \_\_\_\_\_

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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the following information:

1. Market(s) for which applying:            SATURDAY            TUESDAY

2. Please list the product(s) you will be selling:

\_\_\_\_\_  
\_\_\_\_\_ >

3. Are any of your products manufactured or made by another business or person?

YES    NO    If YES, please specify: \_\_\_\_\_ >

4. Please list any special features of your business. What makes it unique? Examples include "fresh fruit" pies, all-natural products, organic or chemical-free, pasture-raised, artisan crafts, etc.

\_\_\_\_\_  
\_\_\_\_\_ >

5. If approved, do we have permission to list you as a seller on our web site?    YES        NO

6. To communicate with our vendors, we offer two options. Please select your accessibility by choosing either or both options:

\_\_\_\_\_ I will join the vendor group on Facebook. (Search "OVFM Vendors" and ask to be added.)

\_\_\_\_\_ I will join the Remind text message group. (To join, text @ovfmsat and/or @ovfmtues to 81010)

\_\_\_\_\_ I cannot participate in either group. Call me at \_\_\_\_\_ if an emergency arises.

By submitting this application to the Ohio Valley Farmers' Market, I agree to abide by all rules as set forth by the market and will submit a \$20 application fee upon approval of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_