



2018 FARMERS MARKET OF BLUFFTON

1st Thursdays, Monthly beginning March 1st
Handmade Craft Vendor APPLICATION

Name of Business: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Business Address (if different): _____

In which market/s do you wish to sell: _____

Forms of payment you will accept: Cash _____ Credit/Debit _____ Check _____

I understand and certify that 100% of the products that I offer for sale at the Farmers Market of Bluffton (FMB) will be produced by me, my family, and/or my employees for direct sale to the public. I further certify that all such products are produced in accordance with all laws and regulations of Beaufort County and the State of South Carolina.

Please list ALL of the items that you wish to sell:

Please include a written description your business including history, store location, services, size, background, etc., to be used in our vendor profiles. This description can be emailed to manager@farmersmarketbluffton.org. Include logos and/or photos if available.

Upon approval of this application, a copy of each of the following documents will be required before participation as a vendor in the FMB:

- Bluffton Business License (www.townofbluffton.gov)
- General Liability Insurance

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations. I understand FMB's violations and sanctions, including grounds for suspension and

disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

Signature: _____ Date: _____

Please forward completed application to:
Farmers Market of Bluffton
Attn: Kim Viljac, Executive Director
PO Box 447, Bluffton, SC 29910
manager@farmersmarketbluffton.org 843.415.2447