$\frac{Oconee\ Farmers\ Market-Vendor\ Application}{2018\ Season}$

Name:		
Address:		
City:	State:	Zip:
Farm Location:		
Phone:	E-mail:	
Requested start date for the 2018	season:	
	_	whichever is greater – or a seasonal a member of the Oconee Farmers
I/we have read the Oconee Farme comply with them.	ers Market bylaws and rules of ope	eration and agree to abide by and
I/we agree to follow all state and required by law.	federal regulations pertaining to the	he items we sell at the market and as
harmless Oconee County, the Cit and city employees or officials co	onnected to the Farmers Market, folloged to be caused in whole or pa	mers Market, and any and all county
		articipated in the Oconee Farmers c Group, Club, etc., no fees apply for
Signature(s):		
Mail signed application, with app	plicable fees, at least 3 weeks prior	to intended start date, to:

**All vendor applicants to the Oconee Farmers Market will be notified of their acceptance or refusal as a market vendor within one week of the receipt of their application.

Oconee Farmers Market

Watkinsville, GA 30677

P.O. Box 971