



c/o N.C. Cooperative Extension-Cabarrus County Center
715 Cabarrus Avenue-West, Concord, N.C. 28027
Phone: 704-920-3310 Fax: 704-920-3323

Form revised 1-2010

Vendor Membership Application

Annual Membership Fee \$100

Name: _____ Business Name : _____

Address: _____ City: _____ State: _____ Zip: _____

H. Phone: _____ W Phone: _____ C Phone: _____

Email: _____ WebSite: _____

Emergency Contact: _____ Phone: _____

Type of business: Sole Proprietorship___ Partnership___ Corporation___ LLC___ Other___

Please indicate which market locations you are interested in: Winecoff-Sat. _____ Tue. _____
Harrisburg-Mon _____ Concord-Wed _____ Campus NCRC-Thurs _____ Midland-Thurs _____

What products do you intend to sell? (check all that apply): Produce _____ Fruit _____
Canned Goods _____ Baked Goods _____ Crafts _____ Other _____

What products do you grow/bake/make yourself? _____

What products do you obtain from others? _____

Do you operate a retail/wholesale business in which you sell items checked above? No ___ Yes ___
If yes, where is your business located and what are your hours of operation?

Acceptance of this application does not imply acceptance into membership of The Piedmont Farmers' Market.
By signing this application you agree to comply with all rules and regulations of The Piedmont Farmers' Market, Inc.

Sign: _____ Date: _____

Approved by: _____ Date: _____

If not approved, fee will be refunded. This application must be turned in at least one week prior to selling and a call made to be the membership chair if only one week notice is given prior to selling.

**MAIL Entire APPLICATION TO ADDRESS AT THE TOP OF THIS FORM
along with membership fee made payable to Piedmont Farmers Market. An additional fee
will be charged per day for a space.**