

Downtown Elizabethton Farmer's Market (D.E.F.M.) Vendor Application

Print and complete. Return a digital scan of this completed form to:

defarmersmarket@gmail.com

Or mail to:

Elizabethton/Carter County Chamber of Commerce (With ATTN to the DEFM)

500 Veterans Memorial Pkwy

Elizabethton, TN 37644

Name of Contact Person (Please Print Clearly): _____

Names of Others Involved: _____

Farm/Business Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____ Website/Social Media: _____

Check Preferred Method of Contact: Phone Email

Primary Products to be Sold: _____

Product's Source: _____

Number of Acres Farmed: _____

Please note that Artisan/Craft Vendor spaces are **limited** and **competitive**.

The completion of this Application does NOT guarantee acceptance into the DEFM. You must receive a Letter of Acceptance from the Market Manager to be qualified to sell at the Market.

The information that I have provided on this form is correct. I have received a copy of the current Market Rules and I agree to follow them.

Print Name: _____

Signature: _____ Date: _____

Market Management Use Only:

Date received: _____ Approved by: _____

Date: _____