Atlanta Braves Farmer’s Market - Every Wed 8am to 12pm
Vendor Application 2019-2020

Please check category your product line best fits into:

[ ] Produce/Plants  [ ] Specialty/Sustainable  [ ] Non-profit  [ ] Prepared Foods
[ ] Florida agriculturally related  [ ] Other (please describe)

Name: __________________________________________________________
Business Name: __________________________________________________
Phone # ( ) ______-_______ Email: ________________________________
Address: _________________________________________________________

Description of product(s) for sale: (Please be specific and do not use “miscellaneous”)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List your top 3 best sellers products: 1. ______________________ 2. ______________________ 3. ______________________

Please indicate which of the products above you produce/grow:
_____________________________________________________________________

Please indicate what percentage of your products are certified organic:______%

What is the origin of your product and/or produce?
_____________________________________________________________________

Please indicate what percentage of your products/produce come from local farmers:______%

Rates for areas shall be as follows for the 2019/2020 Season:

October - March Season $30.00* per space/week
Blackout dates due to spring training and major holidays may occur

*One space is defined as 10'x10' selling area. Please indicate number of spaces you will need:
[ ] One space  [ ] Two spaces  If more than two spaces please indicate # [ ]

Special Requirements: _________________________________________________

Please fill in and attach copies of the following documents:
Proof of Insurance: Commercial Liability _______________________________________
Sarasota County Business Tax #: ____________________________________________
Florida Food Permit #: ____________________________________________________
Florida Sales Tax #: _______________________________________________________

Applicant's authorized signature: ____________________________ name: ____________________ Date: / / ___

Return Application to: Englewood Farmers Market, P.O. Box 304, Englewood, Fl 34295-0304
or email it to: lee.perron@comcast.net
If you need further information contact: Lee Perron (941) 445-9209 or email to address above.