



Date Received: _____

Parkville Farmers Market Association 2024 APPLICATION FORM

Applicant's Name: _____

Business Name: _____

Spouse/Employee Name(s): _____

Mailing Address: _____

Phone Number(s): _____

Website & E-Mail Address: _____

MO Sales Tax # (required): _____

(All Vendors must have a Missouri Sales Tax number BEFORE participation in the Market COPIES OF: any license or certification ALSO vehicle and product insurance)

Description of Produce/Products: (types of vegetables, fruits, meats, baked items, jams/jellies, crafts or plants – continue your list on the back of the application if necessary.)

Please provide the address and driving directions to your farm/business from the market location: _____

Which market days do you wish to attend?

Wednesday afternoons only (\$15.00 a week per stall)

Saturday mornings only (\$300.00 per stall for season)

Both Wednesday & Saturday (\$350.00 per stall for season)

Saturday Weekly Vendor (\$40.00 a week per stall)

Extra: Require electricity (limited quantities available)

Supplementation Considerations from the Parkville Farmers Market Board: (List what products you wish to supplement and where you will be obtaining these items from; with address and directions from the market location.)

The Board of Directors must approve all applications before that person is allowed to sell at the Parkville Farmers Market. Approval by the Board shall be based on availability of stall space, produce or value-added, product mix and accepted products. Payment of the seasonal fee guarantees a space in the market for that season. New Vendors are restricted to one stall for the first year. Vendors must let the market manager know if they are not coming to the market no later than 6:00pm the night before the market day.

All vendors, by signing, verify the above information is accurate, and agree to abide by the Parkville Farmers Market Association By-Laws, and Rules and Regulations.

Signed: _____ Date: _____

Please return completed application with payment to Joyce McFarland, Market Manager. **Make check or money order payable to: Parkville Farmers Market Association. No cash accepted.**

Joyce McFarland
Market Manager

PO Box 32

Farley, MO 64028

ParkvilleFarmersMarket@gmail.com

(816) 200-0401

For Office use only:

Date approved: _____

Check number: _____

Days attending: _____

Stall number: _____

Market Manager's Signature: _____