



2024 VENDOR APPLICATION

This registration form provides the Cabot Farmers' Market with current information regarding participants, products, and attendance for the 2023 Market season. This form will be kept on file, for reference, for 1 year. Please complete & return to the Market manager. Thank you!

Please Print

Business Name: _____

Contact Person: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone(s): _____

Email: _____

Tax ID# (if applicable): _____

Emergency Contact Name & Phone #: _____

My Products Are: ARKANSAS-GROWN ARKANSAS-MADE

Facebook Handle: _____ Instagram Handle: _____

Vendor Category (check all applicable)

Fresh Fruits and/or Vegetables

Please provide address of farm, if different than above address:

Plants, Herbs and/or Trees

Fresh Cut Field/Garden Flowers

Locally Prepared Food/Baked Goods

Arts & Crafts

Other: _____

Brief description of the product(s) you will be selling:

Have you ever been a Vendor at the Cabot Farmers Market? _____

How many years have you been in business? First Year 1-2 years 3-4 years 5+

What markets have you been a part of in the past?: _____

What markets are you currently a part of?: _____

Why do you choose to be a part of the Cabot Farmers Market?: _____

Please list any Professional Organization you are a member of?: _____

Please list any Community Organizations you are a member of?: _____

Booth Preference: 10x10 10x20 **Location:** Parking Lot Pavillion

Do you require electricity? If yes what will you be running?: _____

Farmers/ Growers: Please list production methods you use on your farm (i.e. certified grown, certified organic, conventional hydroponics, tunnels, cover crops, pasture raised, grassfed, free range ect. List Specific crops raised and expected availability.

If raising meats and chickens is it processed by: State USDA

If raising honey are your hives: Registered Yes No Inspected Yes No

If growing flowers are you selling Cut Flowers Bouquets Both

Other: _____

Will you have value added products: Jams Jellies Salsa Pickles

Other: _____

Please list any other things we may need to know about your business? _____

Are you interested in accepting SNAP/WIC? Yes No Do you currently? Yes No

Artisan/Crafts: Please list your items which you plan to sell, including the materials used, method of crafting/preparation and do you make the items yourself? _____

Homemade Baked Goods and Processed Food Producers: Please list your items including the materials used, methods of production and specialties: _____

Will you be following the rules and regulations stated in the ARKANSAS FOOD FREEDOM ACT and the ARKANSAS STATE HEALTH DEPARTMENT? Yes No

Booth Selection

Season Fee (double space): \$360
Season Fee (single space): \$180
Weekly Fee (double space): \$20
Weekly Fee (single space) : \$10
Weekly Canopy Rental: \$5

Please list 3 preferred booth spots: _____

Please select an option:

I would like to be added to the Fall/Winter Market list for 2024. Yes No

I/We hereby certify to have read & understand the “Cabot Farmers’ Market Rules & Regulations”, as established by the Cabot Farmers Market (CFM), Cabot City Beautiful, Inc. (CCB), and the Market Managers & agree to abide by all. In consideration of the acceptance of my/our vendor registration, I/we hereby voluntarily release the CFM, CCB, the City of Cabot, Renew Community Church, from any & all liability concerning damages, losses or injuries, which may occur to me and/or any participants affiliated with this registration, which may be suffered due to any condition, negligence, or default on my/our part. I/We agree to accept the terms/conditions of the above provisions.

I grant permission for my business name/contact information to be shared on CFM Facebook Page.

Participant’s Signature (required)

Date

Market Dates: Select the dates you would like to attend. (select all that apply)

April 2024

20, 27

May 2024

4, 11, 18, 25

June 2024

1, 8, 15, 22, 29

July 2024

6, 13, 20, 27

August 2024

3, 10, 17, 24, 31

September 2024

7, 14, 21, 28

October 2024

5, 12, 19, 26

November 2024

2, 9, 16, 23, 30

December 2024

7, 14, 21, 28, 31

RECEIVED: ___/___/___ APPROVED: Yes/No Reason: _____ Standby Notified: Y/N

PAID: Cash _____ Check # _____ AMOUNT:\$ _____ Date: ___/___/___ RECEIVED BY: _____