



Powder Springs Farmer's Market Vendor Application

Contact Name: _____

"Business" Name: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Street Address 1: _____

Street Address 2: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Tax ID # _____

GA Dept. of Agriculture Food Sales Establishment License Number (if applicable):

Please describe the **Georgia** grown, **Georgia** produce or handmade products that you would like to sell. If you are selling produce, please tell us a little about your farm/garden:

Dates of participation at PS Farmer's Market: _____

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Date received: _____

Amount paid: _____

Cash or check: _____

Leah Hammond
Market Coordinator
678-567-1826