

# 2023 VENDOR APPLICATION



Thursdays, June 8 - August 31, 2023

4:00– 7:00 p.m.

**JFK PARK**  
**7232 East Main Street**  
**Reynoldsburg, Ohio 43068**

**PH:614-322-6839**

Farm/Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Make, model & license number of vehicle: \_\_\_\_\_

**Please list the crops or goods you will be selling during the following months:**

<u>June</u>	<u>July</u>	<u>August</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please indicate the date(s) you will be selling at the market:**

- June 8     June 15     June 22     June 29     July 6     July 13  
 July 20     July 27     August 3     Aug 17     Aug 24     Aug31

I will be selling from a \_\_\_\_\_ Truck \_\_\_\_\_ Truck & table \_\_\_\_\_ Table only \_\_\_\_\_

**Weekly Fees**

\$15 Weekly \$12 additional space Number of spaces needed \_\_\_\_\_  
(Payment for weekly vendors is due before market opens.)

**Seasonal rate** (12 weeks)

\$ 144 for one space \$108 for additional space Number of spaces needed \_\_\_\_\_

Same space as last year ? yes or no (circle) \*\*\*Deadline to register for seasonal rates is Friday, April 30, 2023

Please read all rules and regulations, sign the agreement listed below, and submit both pages of this application along with your payment.

Make checks payable to: *Reynoldsburg Farmers' Market*

Mailing address: 7232 E. Main Street  
Reynoldsburg, Ohio 43068  
ATTN: Farm Market Manager

Total amount enclosed: \_\_\_\_\_

(Fees are non-refundable once the application is approved.)

Include with your payment: \_\_\_\_\_ Signed Application (2 pages) \_\_\_\_\_ Directions to your farm  
\_\_\_\_\_ Copy of Liability Insurance (see # 12 of Rules and Regulations)

**Please check all that apply to you:**

- \_\_\_\_ I accept credit/debit cards
- \_\_\_\_ I accept Senior Farmers' Market Nutritional Program vouchers
- \_\_\_\_ I accept SNAP (also know as Ohio Direction Card, EBT or "food stamps") Service provided by Market at no cost
- \_\_\_\_ I accept Women, Infants & Children Farmers' Market Nutrition Program

**By signing below, I agree to comply with the rules and regulations set forth for the 2023 Reynoldsburg Farmers Market.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**— For office use only —**

Date Received	Amount received	Check #	Cash
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____