

# **\*NEW VENDOR APPLICATION\***

*(To be completed by market management)*

Status: \_\_\_\_\_

Area: \_\_\_\_\_

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

## **KVLS Farmers Market**

**1911 Kissimmee Valley Lane**

**Kissimmee, FL 34744**

**321-697-3050**

Received by: \_\_\_\_\_

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

**\*Please complete and return both pages to the market office along with the initialed and signed guidelines. Management will review and determine space availability, acceptable items being sold, and any other items required for your business. This application is subject to approval by the KVLS staff and by signing accept this condition. Incomplete applications will not be accepted.**

**To be considered for space and to maintain your status on the waiting lists you must submit an application no later than five (5) business days before the event.**

**Business or Farm Name:** \_\_\_\_\_

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

### **Business or Farm Mailing**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

### **Business or Farm Physical**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

### **Telephone Numbers**

**(PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS)  
(OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)**

**Business or Farm Name:** \_\_\_\_\_

**Contact Name(s) & Cell Phone Number(s):** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Website address** \_\_\_\_\_

**Social Media Sites:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

# of Spaces Requested: \_\_\_\_\_

Please circle the category you are requesting to sell in:

Fruits

Vegetables

Hand Crafted Items

Specialty Products

List months you plan to operate: \_\_\_\_\_

What other markets do you participate in: \_\_\_\_\_

Do you sell (indicate by check mark) \_\_\_ Wholesale \_\_\_ Retail Only

Do you accept (check all that apply) \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit

\*

\*Are you a member of or participate in Fresh From Florida: \_\_\_ Yes \_\_\_ No

\*Do you accept SNAP: \_\_\_ Yes \_\_\_ No

Fully describe experience in agricultural/sales business. Include any farming interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fully describe type of business. Please list all items that you produce or that you plan to sell. Use additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the KVLS Farmers Market Guidelines and agree to abide by all rules, regulations, and policies of the Kissimmee Valley Livestock Show and Fair and the KVLS Market. I further understand that my failure to abide by these guidelines, rules, regulations, and policies as interpreted by the Market Manager may result in temporary or permanent dismissal from the Market.

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

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

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