



# 2025 FARMERS MARKET OF BLUFFTON

January 2, 2025 – December 18, 2025

## VALUE-ADDED FOOD VENDOR APPLICATION

(food that has been altered from its raw or original state)

Name of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Business Address (if different): \_\_\_\_\_

Months during which you plan to sell at the market: \_\_\_\_\_

Forms of payment you will accept: Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_ Check \_\_\_\_\_

DHEC Certification: \_\_\_\_\_ SC Dept. of Agriculture Certification: \_\_\_\_\_

Kitchen Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Kitchen Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand and certify that 100% of the products that I offer for sale at the Farmers Market of Bluffton (FMB) will be produced by me, my family, and/or my employees for direct sale to the public. I further certify that all such products are produced in accordance with all laws and regulations of Beaufort County and the State of South Carolina governing food production and distribution.

**Please list ALL of the food items that you wish to sell and indicate if they are for consumption on-site or packaged to be consumed off-site. Future additional items must be approved before selling. List all required cooking devices and power requirements.**

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**Please include a written description your business including history, store location, services, size, background, etc., to be used in our vendor profiles. This description can be emailed to [manager@farmersmarketbluffton.org](mailto:manager@farmersmarketbluffton.org). Include logos and/or photos if available.**

Upon approval of this application, a copy of each of the following documents will be required before participation as a vendor in the FMB:

- Bluffton Business License (in lieu of a BBL, you can be charged \$10 per quarter year)
- General Liability Insurance
- DHEC/SC Department of Agriculture Certification

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations and the SCDHEC Farmers Market Guidelines. I understand FMB's violations and sanctions, including grounds for suspension and disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

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

**Please forward completed application to:  
Farmers Market of Bluffton  
Attn: Kim Viljac, Executive Director  
PO Box 447, Bluffton, SC 29910  
[manager@farmersmarketbluffton.org](mailto:manager@farmersmarketbluffton.org) 843.415.2447 (843.304.3041 text)**