

2025 FARMERS MARKET OF BLUFFTON

January 2, 2025 – December 18, 2025

WHOLE FOODS/HORTICULTURAL VENDOR APPLICATION

(produce, honey, eggs, raw meat/seafood, plants, etc.)

| Name of Farm/Business: | | | | | |
|---|-----------------------------------|--|--|--|--|
| Name of Applicant: | | | | | |
| Mailing Address: | | | | | |
| City: | | | | | |
| Primary phone: Cell ph | none if different: | | | | |
| Email: | Website: | | | | |
| Farm/Business Address (if different): | | | | | |
| Months during which you plan to sell at the market: | | | | | |
| Forms of payment you will accept: Cash Credit/Debit Check | | | | | |
| Other (WIC, SNAP, etc.): | | | | | |
| Please check the growing meth | nods used on your farm: | | | | |
| Conventional Organically Grown USDA Cer | tified Organic Na Grown Certified | | | | |
| Other: | | | | | |
| Please list all items that you plan to sell that are harvested from your farms. | | | | | |
| Crop/Item Acreage | Harvest/Sell Date | | | | |
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Please list the names of other independent farms whose produce you may be selling.

| Farm/Location | Crop/Item | Harvest/Sell Date | Growing Method |
|---------------|-----------|-------------------|----------------|
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ALL PRODUCE MUST HAVE BEEN HARVESTED WITHIN SOUTH CAROLINA, NORTH CAROLINA, OR GEORGIA.

ITEMS FROM OTHER INDEPENDENT FARMERS MUST NEVER REPRESENT MORE THAN 50% OF YOUR TOTAL INVENTORY FOR SALE.

ALL ITEMS MUST BE LABELED WITH NAME OF ITEM, PRICE, FARM & THE LOCATION WHERE IT WAS HARVESTED. (example: Carrots, \$3/bunch, Kim's Farm, Bluffton, SC)

ANY MISREPRESENTATION WILL RESULT IN THE VENDOR'S IMMEDIATE **TERMINATION OF PARTICIPATION.**

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 written on the back of this page or emailed to manager@farmersmarketbluffton.org. Include logos and/or photos if available.

Upon approval of this application, a copy of the following document will be required before participation as a vendor in the Farmers Market of Bluffton:

General Liability Insurance

Bluffton Business License (in lieu of a BBL, you can be billed \$10 per guarter)

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations. I understand its violations and sanctions, including grounds for suspension and disgualification. 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/Market Manager PO Box 447, Bluffton, SC 29910 manager@farmersmarketbluffton.org 843.415.2447 (843.304.3041 text)