



Name: _____
Farm/Business Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Cell Phone: _____
Email: _____

Address of Farm/Production site if different than mailing address above: _____

Website: _____
Social Media: _____

Sales Tax ID: _____ Certificate Attached
Food/Health Permit ID: _____ Certificate Attached
Poultry/Meat Handlers ID: _____ Certificate Attached

Which days do you plan to attend?

- | | Saturday | | Saturday |
|----------------|--------------------------------|----------------|--------------------------------|
| Week 1 | <input type="checkbox"/> 04/23 | Week 17 | <input type="checkbox"/> 08/13 |
| Week 2 | <input type="checkbox"/> 04/30 | Week 18 | <input type="checkbox"/> 08/20 |
| Week 3 | <input type="checkbox"/> 05/07 | Week 19 | <input type="checkbox"/> 08/27 |
| Week 4 | <input type="checkbox"/> 05/14 | Week 20 | <input type="checkbox"/> 09/03 |
| Week 5 | <input type="checkbox"/> 05/21 | Week 21 | <input type="checkbox"/> 09/10 |
| Week 6 | <input type="checkbox"/> 05/28 | Week 22 | <input type="checkbox"/> 09/17 |
| Week 7 | <input type="checkbox"/> 06/04 | Week 23 | <input type="checkbox"/> 09/24 |
| Week 8 | <input type="checkbox"/> 06/11 | Week 24 | <input type="checkbox"/> 10/01 |
| Week 9 | <input type="checkbox"/> 06/18 | Week 25 | <input type="checkbox"/> 10/08 |
| Week 10 | <input type="checkbox"/> 06/25 | Week 26 | <input type="checkbox"/> 10/15 |
| Week 11 | <input type="checkbox"/> 07/02 | Week 27 | <input type="checkbox"/> 10/22 |
| Week 12 | <input type="checkbox"/> 07/09 | Week 28 | <input type="checkbox"/> 10/29 |
| Week 13 | <input type="checkbox"/> 07/16 | Week 29 | <input type="checkbox"/> 11/05 |
| Week 14 | <input type="checkbox"/> 07/23 | Week 30 | <input type="checkbox"/> 11/12 |
| Week 15 | <input type="checkbox"/> 07/30 | Week 31 | <input type="checkbox"/> 11/19 |
| Week 16 | <input type="checkbox"/> 08/06 | | |

2022 Holiday Market (Special Event)
 11/26

Product Categories:

Please list products that you will be bringing to market this year. Estimate, by category, the percentage of total sales you expect from each (total to equal 100%). Be sure to clearly list products from categories (attach additional paper if needed).

1. Vegetables and Plants. Estimate % of sales _____

Raw fruits/vegetables:

- | | |
|--|---|
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Onions, bunch |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Onions, Sweet |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Peas |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Peppers, Hot |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Peppers, Sweet |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Collards | <input type="checkbox"/> Squash, summer |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Squash, winter |
| <input type="checkbox"/> Cowpeas | <input type="checkbox"/> Strawberry |
| <input type="checkbox"/> Cucumber | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Lettuce, head | <input type="checkbox"/> Turnip |
| <input type="checkbox"/> Lettuce, leaf | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Kale | <input type="checkbox"/> Other _____ |

Herbs:

- | | |
|--|--|
| <input type="checkbox"/> Basil, Genovese | <input type="checkbox"/> Parsley |
| <input type="checkbox"/> Basil, Thai | <input type="checkbox"/> Rosemary |
| <input type="checkbox"/> Chives | <input type="checkbox"/> Stevia |
| <input type="checkbox"/> Chamomile | <input type="checkbox"/> Sorrel |
| <input type="checkbox"/> Cilantro | <input type="checkbox"/> Stinging Nettle |
| <input type="checkbox"/> Ginger | <input type="checkbox"/> Tarragon |
| <input type="checkbox"/> Lemongrass | <input type="checkbox"/> Thyme |
| <input type="checkbox"/> Oregano | <input type="checkbox"/> Other _____ |

Cut Flowers

Bedding Plants

Landscape Plants

Other _____

All Farm/Production members will have a farm visit prior to selling at the market. Please understand that it may take up to two weeks after your application has been received to schedule a farm visit.

Farm/Production:

How much area is in production? _____

Do you know about the Produce Safety Rule? yes no

Is your farm covered by this rule? yes no I don't know

Is land owned or leased? How long has it been under your management?

Briefly describe your farming or production practices/philosophy.

I produce 50% or more of the items I offer for sale as part of my farming operation. I agree to allow representatives of the Onslow County Farmers' Market to visit and inspect the farm/production premises and products I intend to sell.

Signature: _____

Print Name: _____

Date: _____

2. Preserved/Prepared Foods. Estimate % of sales _____

Processed foods that require a kitchen inspection/certificate from the NC Dept of Agriculture. Please indicate if any ingredients used in the products are harvested from your farm.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Baked goods | <input type="checkbox"/> Vinegars |
| <input type="checkbox"/> Jams, Jellies, Preserves | <input type="checkbox"/> Wines |
| <input type="checkbox"/> Juices, Coffee, Tea | <input type="checkbox"/> Other _____ |

3. Honey, Eggs, Meat, Fish, Dairy, Acidified Foods. Estimate % of sales _____

- Acidified foods (these require FDA short course certification)*
 - Pickles
 - Relish
 - Other
- Cheese and Other Dairy products*
- Eggs*
- Honey*
- Meat (Meat Handlers License from NCDA required)*
 - Beef
 - Chicken
 - Pork
 - Other _____
- Seafood*

4. Crafts. Estimate % of sales _____

Please describe your items. Include photos if available.

How long have you been practicing your craft? _____

Space/daily booth rental:

Rates per days as follows:

Saturday

- Full, \$20
- Half, \$13
- Center, \$10
- Outdoor, \$15
- Food Truck, \$20

Special Events:

Special Events will be identified as such.

Proof of all applicable state and local permits and/or certificates will be required. Rates per day as follows:

Saturday

- Full, \$30
- Half, \$20
- Center, \$15
- Outdoor, \$20
- Food Trucks, \$50

******* The following is required by all applicants *******

Provide list of employees/contact information who will staff your booth. Please indicate point of contact (if any) in your absence. _____

I acknowledge that the information on the application is accurate. I also allow the Onslow County Farmers' Market to use photos and/or video of me, my products, and booth space for promotional and marketing purposes.

Signature: _____

Print Name: _____

Date: _____

Please submit completed application (including any required documents) to farmersmarket@onslowcountync.gov or mail to:

**Onslow County Farmers' Market
4024 Richlands Hwy
Jacksonville, NC 28540**

Date received: _____

Received by: _____

Status: _____