

Vendor Registration-Farmers Market

A COPY OF YOUR WEST VIRGINIA STATE BUSINESS REGISTRATION MUST BE ATTACHED

Name: _____

Telephone: _____

Address: _____

Years of Residence: _____

City/State/Zip: _____

Are you a United States Citizen: _____

Birth Date: _____

Social Security Number: _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ Fein Number _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

What kind of vehicles are you using? Year: _____	Make: _____	Model: _____
Drivers License Number: _____	Plate Number: _____	
Will you be using a vendors cart? _____		

Do you buy farm products for resale? _____	
What farm products do you sell? _____	
Do you have a consignment sheet or bill of sale for goods sold? _____	
Do you have a health card? _____	Expiration Date of Health Card: _____

List in Detail everything you will be selling _____		
Are you selling fruits or vegetables?	Whole	Sliced/Cut (Circle all that Apply)

The above information is submitted for the	SIGNED	_____
sole purpose of opening an account and I	TITLE	_____
hereby certify the information to be true.	DATE	_____