

**COMMUNITY MARKET
of RABUN COUNTY**
Vendor Application



Vendor Name: _____ Business Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact Number: _____

Email: _____

Product(s) Selling: _____

Vendors are required to comply with all local, state and federal regulations/licensing requirements. A copy of applicable license(s) must be submitted and approved prior to selling applicable products at the Market.

I understand that Rabun County, the Community Market of Rabun County, and the Market Committee will not assume responsibility for any loss/injury encountered while participating at the Community Market of Rabun County. I have read, understand and agree to comply with the Policies & Operating Rules of the Community Market of Rabun County. I am 18 years or older, and I am the Vendor/Applicant responsible for participation in the Community Market of Rabun County. I understand that representatives/committee members from the Community Market of Rabun County have the right to visit and inspect any farmer or crafter at their site of production to ensure that the vendor is adhering to all market policies. If the volume of a product being sold does not match the volume being produced, the vendor will not be allowed to sell the product. I further attest that the information provided regarding my product(s) is accurate, true and correct.

Signature _____ Date _____

For Market Personnel Only

Date: _____ Booth# _____ Date: _____ Booth# _____ Date: _____ Booth# _____

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Date: _____ Booth# _____ Date: _____ Booth# _____ Date: _____ Booth# _____

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Submit application to: **Attention: Annie Williams, Rabun County Commissioners' Office**
25 Courthouse Square, Suite 201 Clayton, GA 30525 706-782-5271