



2012 APPLICATION FOR HFMA SELLING SPACE

Please complete the following application form and return it to the Market Manager, Josie Showalter. You will be contacted after it has been reviewed. By signing and dating below you agree to abide by, and uphold, the 2012 HFMA Guidelines.

SIGNATURE _____ DATE _____

NAME: (PLEASE PRINT) _____

BUSINESS/FARM NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

DO YOU OWN/RENT A STORE FRONT THAT YOU SELL FROM? YES ____ NO ____

WHAT YOU WILL BE SELLING : _____

HOW YOUR PRODUCT WILL ADD TO THE DIVERSITY AND QUALITY OF OUR MARKET?

DAYS YOU PLAN TO SELL: TUE ____ SAT ____

SETUP TIME 7:00 AM ____ 8:00 AM ____

DATES YOU WILL BE SELLING: START _____ THROUGH _____

STATE SALES TAX NUMBER: _____

PO Box 669 Harrisonburg, VA 22803
hbfarmersmarket@gmail.com