



P.O. Box 2451 ♦ DAYTONA BEACH, FL 32115-2451 ♦ (386) 671-8180

Robert Abraham
Chairman
Kelly White
Commissioner
Sheryl A. Cook
Joseph H. Hopkins
Stacey Lipton

Vendor Application

Date of Application: _____

Please Return Applications to:
Lori Slight, DDA Assistant
Downtown Development Authority
Or email completed form to:
farmersmarket@codb.us

Applicant Information

Name of Contact: _____ Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax Number: _____

E-Mail: _____ Number of 10x10 Spaces Needed: _____

As Applicable:

For Profit Federal Tax Number: _____ Nonprofit Federal Tax Number: _____

Insurance #: _____

When would you like to start selling at the Market? _____

Products/Goods to Sold

1. Please list all specific goods you wish to sell at the Daytona Beach Farmers' Market:

2. Are you a farmer or a grower?: _____ (Y/N)

3. Are you a grower, but not recognized by the FL Department of Agriculture and Consumer Affairs?: _____ (Y/N)

- 4. Do you sell Certified USDA Organic products?:_____ (Y/N)
- 5. Do you sell Organic products that have cert. other than USDA?:_____ (Y/N)
- 6. Are your products locally handmade?:_____ (Y/N)
- 7. Do all of your products originate in the state of Florida?:_____ (Y/N)

Other Markets

In what other markets do you currently participate?

Name of Market	Day Time	Market Manager
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICIAL USE ONLY

Date Accepted _____ Date Denied _____

NOTES: