## **2020 Farmers Market Application**

Name:				Mornings Wednesday & Saturday	
Business Name:				"Get fresh with us!"	
Address:				marin marin Zanglah	
City:	_ State:	Zip:	County		
Phone (daytime):		(Ev	vening):		
Cell Phone:		En	nail:		
Please mark your primary pro	oduct categor	r <u>y:</u>			
ProduceFloral/Plan	tBake	d goodsl	Packaged goods		
CraftsPrepared foo	ds (Please des	scribe):			
Other (Please describe)					
GEORGIA Organically G			dersville Farmers	Market: State Produce	
GEORGIA Home Grown		C		, Selling Imported Goods	
GEORGIA Home Grown				GIA Home Grown Bedding Plant	
GEORGIA Home-made F				GIA Made Original Artwork	
GEORGIA Home-made E	•			GIA Made Original Crafts	
Broker, Selling Produce f	from a Whole	saler	GEOR	GIA Raised Eggs	
Broker, Selling Flowers from a Wholesaler			GEORGIA Honey		
Broker, Selling Plants from a WholesalerOther:					
	PLEASE	READ. SIG	N AND DATE	,	
All authorized vendors participation		,			
operators and not partners or joi					
1 1	ŕ		•	f the vendor's negligence or that	
of its employees, agents, and ass	•	•		~ ~	
indemnify and save Downtown			•		
Authority, City of Sandersville,				_	
damages, and other expenses inc	_			•	
Farmers Market by reason of ve	-	-			
and associates. I give approval f					
video images taken at this event			-		
publicity purposes. I further agree	_	_	•	-	
Market or be subject to expulsion		•			
Signature:			Date	e <b>:</b>	
G					