

2024 Annual Membership Application



Applicant Name: _____
Mailing Address: _____ City, State: Zip: _____
Phone Number: Home: _____ Cell: _____
E-mail Address: _____
I would like my email address added to the ACFM vendor mailing list: ___ Yes ___ No

Name of Business: _____
Business Address: _____ City, State: Zip: _____
(Where products are produced)

Products you will sell: _____
• Do any of the products you will sell fall under the cottage food law? Yes ___ No ___; If Yes, you will need to provide proof of Liability Insurance
• Selling of Animal Treats or Pet Food; I understand the laws regarding selling meat or dairy "not for human consumption" or "animal treats" and will adhere to them _____ (Initials)

Authorized Representative: _____
Persons other than the applicant who may vote on ACFM Inc. matters on behalf of the named business

VENDOR AGREEMENT:

- I am aware that a current and up to date copy of the Market Rules and Regulations and the By-Laws are available on the market website or in print form from the market manager _____ (Initials).
- I have read and am aware of the current Market Rules & Regulations (MRR) of the Alachua County Farmers' Market (ACFM) concerning participation in its Markets and I agree to abide by those Rules & Regulations _____ (Initial).
- I have read and am aware of the current By-Laws of the ACFM and agree to the Articles described therein _____ (Initial).

PHOTO/VIDEO RELEASE: I hereby grant permission to ACFM to use photographs and/or videos taken at the market or on the farm of all parties of my business and the products we produce in publications, news releases, website, and social media, and in other communications related to promotion of the market _____ (Initial).

WEBSITE DIRECTORY:

I would like my business's contact info listed on the market website directory: ___ Yes ___ No

Business Name: _____ Phone Number: _____

Email: _____ Website: _____

Description of products/specialty (no spray, non-gmo, organic):

Member Signature _____

Date _____

-----For ACFM Staff use only-----

FEES PAID:

1. ANNUAL SELLER DUES – **\$125.00**

Space #: _____

2. ANNUAL ASSIGNED MARKET SELLING SPACE FEE

a. Annual assigned (under roof) – [\$400 +dues+ tax] = **\$555.00**

b. Annual assigned (outside of roofed area/grass area) – [\$350 +dues+ tax] = **\$501.25**

TOTAL AMOUNT PAID: \$ _____

REQUIRED DOCUMENTS:

PLEASE SEE PAGE 2

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REQUIRED DOCUMENTS:

(In addition to this ACFM application)

Produce

County Growers Permit ____

ACFM Farm Inspection ____

Horticulture

Nursery Registration ____

ACFM Farm Inspection ____

Apiculture

Apiary Inspection ____

Liability Insurance ____

ACFM Farm Inspection ____

Aquaculture

Aquaculture Certificate of Registration ____

Liability Insurance ____

ACFM Farm Inspection ____

Meat (Livestock) for human consumption

Mobile Food Permit ____

USDA Certification ____

Liability Insurance ____

ACFM Farm Inspection ____

Animal Treats (Meat or Dairy) *not for human consumption*

Master Feed Permit ____

Liability Insurance ____

ACFM Farm Inspection ____

Cottage Food

Liability Insurance ____

Market Manager Signature

Date