

2024 MobileFood (Daily Seller)Application



A \$25 Daily seller space fee is paid to the Market Manager or ACFM Representative each day that a daily seller chooses to sell at the market.

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: _____

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 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:

SPACE AND POWER NEEDS:

FOOD TRUCK/TRAILER: Size _____; or 10 x 10 Tent _____

POWER: Need Power ___ Yes ___ No; Watts Needed: _____; I will use a quiet generator _____

Member Signature

Date

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

Approval Process Steps:

1. DAILY SELLER DUES (Application Fee) – \$20
 - Received – Via Mail ___ In-person ___; Check ___ Cash ___; Date: _____
2. Board Approval – Yes ___ No ___; Date: _____
3. Certificate of Mobile Food License ___ or Certified Kitchen ___
4. Certificate of Liability Insurance ___

APPROVED TO VEND: _____ (MM Initials) NOT

APPROVED TO VEND: _____ (MM Initials)

Reason:

Market Manager Signature

Date