

2019 Farmers' Market

Participation Form

Mail: Erik Holbrooks – 400 President Clinton Avenue

Little Rock, AR 72201

E-mail: eholbrooks@littlerock.com



RIVER MARKET

Please complete and return prior to attending the market.

This form is only required to be completed once per season.

Please print

Name: _____

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell #: _____

Email: _____ Year you started at the Market: _____

Vendor Category:

Farmer (Grow 50% of produce sold)

Address of farm if different from above: _____

Produce Broker (Purchase to sell over 50% of produce)

Locally grown plants & flowers

Fresh cut field and garden flowers

Locally prepared food – Health Department Permit Attached, if applicable

Arts & Crafts (75% handmade)

Antiques & Collectibles

Commercial items

Non-profit organization

Please list the products you will be selling: _____

When will you begin attending? _____, 2019.

Emergency Contact Information: _____

By signing below, I am acknowledging that I have completely filled out the above form and that I have read and will abide by the Farmers' Market Guidelines.

Participant's signature (required)

Date