

**TOWN OF WEST POINT FARMERS' MARKET
VENDOR APPLICATION**

PRODUCER'S NAME	
MAILING ADDRESS	
CITY/COUNTY	
STATE, ZIP	
PHONE NUMBER	
EMAIL	

List products you intend to sell:

PRODUCE	OTHER PRODUCTS

I hereby certify that I have read, understand and agree to abide by the Operational Rules of the Town of West Point Farmers' Market.

Town of West Point, the Farmers' Market and Virginia Cooperative Extension will incur no liability for accidents or damages to any person or property belonging to the vendor or buyer.

Producer's Signature

Date