

“GO FARM” Vendor Application
Greater Ozark Farmers Agricultural Regional Market

Name: _____

Address: _____

Phone: _____

Email: _____

Vehicle License # _____

Vendor: _____ Grower: _____ Producer: _____

What exact months do you plan to participate? _____

Product Description: _____

Preferred Space # _____

Number of Spaces Requested: _____

By signing, you agree you have received a copy of the market rules and agree to comply with them.

Signature _____

Date _____

Assigned Lot #