

C _____ (internal use only)

Date: _____

2024 Arts and Crafts Vendor Registration Form
2nd Saturday of Each Month plus 4 Holiday Markets
 (May 11, June 8, July 13, August 10, September 14, October 12)
 (November 23, 29, 30 and December 7)

Vendor Name(s) _____

Business Name _____

Designated Agents(s) to sell on your behalf _____

Vendor Home Address

Street _____ City _____

State _____ Zip _____

Mailing Address (if different)

PO Box _____ City _____ State _____ Zip _____

Vendor Contact Information

Home Phone# _____ Cell #1 _____

Email _____

Website Name(if available) _____

I understand that my signature below affirms that I am a resident of Ashe County I have selected above and that all items I will offer for sale at the Market are grown, produced or made by my hand.

Vendor Signature _____ **Date:** _____

ACFM Vendor Registration Fees:		Internal Use Only	
Vendor Fees		Amount Due	Amount Pd
General Membership Fees	\$30.00		
Drop in Vendor Fees			
Drop in Fee each Saturday	\$20.00		
	Total:		

NC Department of Revenue Sales and Use Tax Compliance

The North Carolina Department of Revenue (NC DOR) requires all Farmers Market vendors to be in compliance with tax regulations and requires markets to have supporting records.

Complete 1 of the 2 following options:

Option 1:

____ I am registered with the NC Department of Revenue and my Tax ID Number is: _____

I will provide the market with a copy of my certificate of registration, which will also be displayed at all times while at the Ashe County Farmers Market.

Option 2:

____ I am a farmer who only sells farm products I have grown in their original state and I have a tax exemption number. My Tax exemption number is: _____

Or

I certify that all products that I sell at the Ashe County Farmers Market (ACFM) are exempt from sales tax and that I am not required to provide a Certificate of Registration to the ACFM. I am a farmer who sells unprocessed farm products produced by me.

Legal Name of Vendor _____

Signature _____

Date _____

For more detailed information about tax compliance that includes a link to a website where you can register with the NCDOR visit: [NC DOR Sales and Use Tax for Specialty Markets](#)

Additional Vendor Information and Acknowledgements

**Please
Initial**

I have received a copy of the ACFM Policies and Procedures and understand that this document is also available on the ACFM website at www.ashefarmersmarket.com for my review. I am responsible for reading and following these rules. I also understand they are subject to change during the season and that I will be notified of any changes in writing.

I understand that as a Arts and Crafts Expo vendor, that if I plan on attending the second Saturday of each month during Market Season, that I should notify the Market Manager by the 1st day of each month for planning and advertising purposes.

All products that I sell at the market will be handmade by me. I understand that no resale of any products is allowed at the Market, which means I will not purchase product from another store or entity and resell that product as my own.

Each vendor participating in the Market shall be responsible for any loss, personal injury and/or damage that may occur as the result of the vendor's actions and agrees to hold harmless the ACFM from any losses, damages, claims, suits or actions, judgments and attorney fees.

I am aware that vendors are encouraged to maintain their own liability insurance.

In the event anyone working in my booth falls seriously ill during market hours or requires emergency medical attention the Market Manager or a Board Member at their discretion may seek emergency medical attention on my behalf.

I understand that membership fees at the ACFM are not pro-rated or refunded.

I understand that as a vendor, I am committing to selling at the Market on those days I attend through the Market's advertised open hours.

I understand that my signature affirms that I will be available to volunteer for events, meetings, and other circumstances that may require vendor participation during the Market Season.

Agreed to:

Signature: _____ **Date:** _____

In order to join the ACFM, the Vendor Registration Forms must be fully completed with all required signatures and initials. Incomplete registration forms will not be accepted as per the Market's Policies and Procedures.

Acknowledgement and Receipt of the Ashe County Farmers Market

Policy and Procedures

The Ashe County Farmers Market (ACFM) Policy and Procedures describes important information about selling at the ACFM.

I acknowledge that I have received the ACFM Policies and Procedures and that it is my responsibility to read and comply with the Policies and Procedures.

I further understand that should I fail to comply with the specified guidelines, my participation in the ACFM could be terminated and that my paid vendor fees will not be refunded.

Vendor Name and Business Name (Printed)

Date

Vendor Signature

*******If you receive market token checks, please advise to whom those checks should be made out to:**