



MARKET USE ONLY

Date Received _____

Accepted: Y N

Fee Received _____

2025 ONE-DAY VENDOR APPLICATION

Suffolk Tourism will continue to accept applications throughout the market season.
If vacancies become available, vendors will be selected at the discretion of Suffolk Tourism.
If there are no vacancies at the time an application is received, the applicant will be placed on a waiting list.

Application must be received seven (7) business days before requested vendor date.

Incomplete applications will NOT be processed.

Please return this completed **NOTARIZED** application to:

Suffolk Visitor Center
ATTN: Suffolk Farmers' Market
524 North Main Street
Suffolk, Virginia 23434

Full Name of Applicant (Please Print): _____

Business/Farm Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Farm Location: _____ **County / City:** _____

Phone: _____ **Cell Phone:** _____

Email: _____ **Website:** _____

Social Media with @ handle: _____

Emergency Contact (Name and Phone): _____

Do you participate in other markets: ____ YES ____ NO If yes, where: _____

Are you a: ____ New Applicant ____ Returning Vendor

Do you accept credit cards: ____ YES ____ NO

Do you participate in the Senior Farmer's Market Nutrition Program: ____ YES ____ NO ____ N/A

Do you require electricity: ____ YES ____ NO (note electricity is not guaranteed) If selected yes, please provide an explanation why electricity is needed: _____

May we share your contact information to customers inquiring how to reach you when not attending the market? ____ NO ____ YES Phone: _____ Email: _____

I would like to be added to the list to receive the monthly Suffolk Farmers' Market E-Newsletter list:
____ YES ____ NO

VENDOR CATEGORIES (applicant, not including artisan crafts, may select up to two categories):

Farm Goods refers to such products that the vendor plants, grows, harvests, farm raises or fish. Items from farm wholesalers or retailers should be limited.

Prepared and Value-Added Foods refers to products such as baked goods, jams, dried fruit, pickles, coffee, wines, pasta, salsa, mixes, and other take-home foods that are not prepared on-site at the market by the vendor.

Artisan Crafts refers to items that are handmade or made with the help of hand tools. All items must be created by the vendor - no resale items.

Services refers to vendors that offer services such as subscriptions for farm goods delivery.

<input type="checkbox"/> <u>FARM GOODS</u> ___ Fruits ___ Dairy ___ Vegetables ___ Poultry ___ Herbs ___ Seafood ___ Nuts ___ Eggs ___ Honey ___ Smoked Meats ___ Mushrooms ___ Canned Meats ___ Fresh Cut Flowers ___ Beef ___ Seedlings ___ Pork ___ Seeds ___ Other: _____ ___ Potted Plants/Flowers	<input type="checkbox"/> <u>PREPARED AND VALUE-ADDED FOODS</u> ___ Baked Goods ___ Artisan Breads ___ Pastry/Pies ___ Bottled Sauces ___ Jams/Jellies ___ Dried Fruit ___ Pickles ___ Coffee ___ Specialty Beverages ___ Cheeses ___ Popcorn ___ Pet Products ___ Salsa Other: _____	<input type="checkbox"/> <u>ARTISAN CRAFTS</u> ___ Wreaths ___ Pet Accessories ___ Skincare/Soap ___ Candles ___ Author ___ Jewelry ___ Photography ___ Painting ___ Pottery ___ Crochet/Clothing ___ Glass ___ Wood Work ___ Other: _____
<input type="checkbox"/> <u>SERVICES</u> ___ Farm/Home Delivery		

FARMERS/GROWERS: Please indicate the types of produce you offer so we can promote it.

- | | | |
|-----------------------|-----------------------------------|-------------------------------|
| ___ Certified Organic | ___ Virginia Grown | ___ Certified Naturally Grown |
| ___ Hydroponics | ___ Free Range | ___ Home-Grown for Heroes |
| ___ Pasture Raised | ___ Other (Please specify): _____ | |

Do you grow or produce all of these items yourself? ___ YES ___ NO

Please approximate percent of total inventory you do not grow/produce yourself: _____

The SFM strives to be a regional producer/processor-only market. Products must not be purchased for resale or grown outside the region (100-mile radius) without management approval. If you do not grow/produce the items yourself, describe where the items are from:

Vendors are required to submit a **COMPLETE LIST OF ALL PRODUCTS** they wish to sell at the Market. All products offered for sale must (required) be pre-approved by Market Management. If approved and should you choose to add products to the original approved list, **vendors must submit new products for review in writing or emailing Market Management.** Requested product additions must be submitted a minimum of one week (seven days) before the vendor wishes to sell the product(s) at the market and must be approved. Please submit a sample and/or photos of your products. Farm vendors, we may like to schedule time to see your farming operation.

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Business Bio (for marketing purposes): Please describe your business, how you got started, something interesting/fun about yourself or your business:

VENDOR FEE:
One-day vendor space: \$15.00

I request a one-day vendor space (**Space based on availability**)

FEEs ARE DUE AT TIME OF APPLICATION APPROVAL.
CHECK | CASH | CREDIT CARD
(CHECKS PAYABLE TO TREASURER, CITY OF SUFFOLK)
VENDER WILL NOT BE ALLOWED TO SET-UP UNTIL VENDOR FEE IS PAID.

2025 SEASON MARKET DATES

One-Day Vendors are limited to two (2) market dates per season.

Place a check next to the two dates of the farmers' market you plan to attend. Vendor will be notified of approval status and market date(s) within (5) five business days of receipt of application.

Saturdays 9:00am – 1:00pm

Vendors are expected to attend all market dates committed and approved for on this application. If a vendor is unable to attend a scheduled market, notification is expected by 3:00pm the day prior to market day. Leaving early is prohibited. Vendors missing one market day without informing the market facilitator or staff of absence will forfeit their vending space and participation fees.

- | | | | |
|----------------------------------|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> May 3 | <input type="checkbox"/> July 5 | <input type="checkbox"/> September 6 | <input type="checkbox"/> November 1 |
| <input type="checkbox"/> May 10 | <input type="checkbox"/> July 12 | <input type="checkbox"/> September 13 | <input type="checkbox"/> November 8 |
| <input type="checkbox"/> May 17 | <input type="checkbox"/> July 19 | <input type="checkbox"/> September 20 | <input type="checkbox"/> November 15 |
| <input type="checkbox"/> May 24 | <input type="checkbox"/> July 26 | <input type="checkbox"/> September 27 | <input type="checkbox"/> November 22 |
| <input type="checkbox"/> May 31 | <input type="checkbox"/> August 2 | <input type="checkbox"/> October 4 | |
| <input type="checkbox"/> June 7 | <input type="checkbox"/> August 9 | <input type="checkbox"/> October 11 | |
| <input type="checkbox"/> June 14 | <input type="checkbox"/> August 16 | <input type="checkbox"/> October 18 | |
| <input type="checkbox"/> June 21 | <input type="checkbox"/> August 23 | <input type="checkbox"/> October 25 | |
| <input type="checkbox"/> June 28 | <input type="checkbox"/> August 30 | | |

**WEEKDAY POP-UP
'FARM & FOOD' MARKETS**

DATES & LOCATION TBD
Select if you would like to receive notification when info is made available.

**THANKSGIVING
'FARM & FOOD' MARKET**

November 25

Select if you would like to receive the Thanksgiving Market Application when made available.

FARM & ARTISAN GIFT MARKET

December 6

Select if you would like to receive the Suffolk Artisan Gift Fair Application when made available.

***Additional Vendor Fee.*

EVENING ARTISAN GIFT MARKET

December TBD

Select if you would like to receive a Suffolk Evening Gift Fair Application when made available.

***Additional Vendor Fee.*

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

Applicants must read the rules and regulations included in the vendor packet.

Please initial next to each "X" identifying that you have read, understood, and will abide by all Suffolk Farmers' Market, state, and local government rules and regulations.

I understand that I must accurately report my daily sales earnings at the conclusion of each market day. The Suffolk Farmers' Market *will not* take a percentage of vendor sales.

I have read and accept the terms, conditions, rules and regulations included in the vendor packet.

I understand that submitting a completed application does not guarantee the applicant a space at the market until my application has been reviewed, approved, and vendor fee invoice has been paid.

I understand that I may not be approved for all the dates selected, requested space, and/or products listed to sale on my application.

I understand that photographs and videos may be taken by the City of Suffolk for promotional purposes. By participating in the Suffolk Farmers' Market, you are granting permission to have photographs and/or videos taken of you and/or your products.

By signing, I certify that I have read and do agree to abide by the rules and regulations of the Suffolk Farmers' Market as outlined in the 2024 guidelines document included in the market vendor packet.

Print Name: _____

Signature: _____

Date: _____

Waiver of Liability and Hold Harmless Agreement Next Page

THIS DOCUMENT MUST BE NOTARIZED

Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in the City of Suffolk Farmers' Market, the Vendor hereby releases, waives, discharges and covenants not to sue the City of Suffolk, its agents, employees or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor / Releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the Suffolk Farmers' Market, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of Vendor / Releasees or otherwise.

I further hereby agree to indemnify and hold harmless the City of Suffolk, its agents, representatives, employees and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor / Releasees or otherwise.

I understand that the City of Suffolk does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Vendor / Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with laws of the Commonwealth of Virginia and City of Suffolk ordinances.

In signing this agreement, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal on this ____ day of _____, **2025**.

Printed Name

Signature

COMMONWEALTH OF VIRGINIA
CITY OF _____

The foregoing Waiver of Liability and Hold Harmless Agreement was acknowledged before me this ____ day of _____, **2025** by _____, who is personally known to me or who produced _____ as identification.

Notary Public

My commission expires: _____.

Notary Registration Number: _____