



# PRODUCER-ONLY-MARKET MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Have you ever been a member or sold at any other market before? \_\_\_\_\_

\_\_\_\_\_

Farm or Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If crops sold at the Market are grown at a different location than the one listed above,  
Please add that address below:

\_\_\_\_\_

What crops, produce or value-added items do you plan on offering for sale at the  
Market?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What size space are you looking for? \_\_\_\_\_

I understand that I may sell or offer for sale only those items that I have produced on the  
properties listed above. Further, I understand that I must **ABIDE** by all the Hardin  
County Farmers' Market Rules and Regulations and accept full responsibility for my

activities and conduct and those of anyone working or visiting in my space at the Market.

I hereby acknowledge receipt of the Hardin County Farmers' Market By-Laws, Market Rules and Regulations and **AGREE** to comply with them.

I understand as a member I am responsible for complying with all applicable state and local laws, regulations and requirements,

I hereby **AGREE** not to hold the Hardin County Farmers Market responsible or liable for any damage or loss incurred while at the Market including personal injury or property damage.

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(Print Name(s))

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(Signature(s))

You will be notified of your acceptance or denial for membership to the Hardin County Farmers' Market in a timely manner by mail. If accepted, please remit payment, along with a copy of your acceptance letter, payable to Hardin County Farmers' Market and mail to:

Hardin County Farmers' Market  
200 Peterson Drive  
Elizabethtown, KY 42701

Date Accepted / Denied: \_\_\_\_\_

Space Approved Pavilion:  8 Feet  12 Feet  18 Feet

Space Approved Outside:  12 Feet  24 Feet

Membership Accepted /  Application Denied:

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(Print Officer's Name)

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(Officer's Signature)