



City of Alexandria, Virginia
General Services Department

Farmers' Market Vendor Application

Frequency (choose one): Temporary Vendor Permanent Vendor
Type (choose one): For Profit Non-Profit Artisan / Crafts

Vendor Information:

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Alternate Phone: _____
E-Mail Address: _____

List of products to be sold:

The above named licensee agrees to:

- Observe the rules and regulations of the Market;
- Make advanced payment of the rent;
- Be responsible for the safety and purity of all products offered for sale;
- Make proper collections and payments of taxes and fees required by the State of Virginia and the City of Alexandria;
- Comply with all applicable health codes and regulations;
- Cooperate with the Market Master; and
- Not transfer or assign the license.

Licensee Signature: _____ Date: _____

Farmers' Market Master Signature: _____ Date: _____

I understand that if I provide false information on this application that I will lose my license to sell at the Alexandria Farmer's Market and I may be charged with fraudulently averting City of Alexandria taxation.

Signed _____

Address _____

State of _____

County/City of _____

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires _____

Notary Public