

**CLINCH RIVER FARMER'S MARKET
ST. PAUL, VIRGINIA
VENDOR APPLICATION 2009**

Name(s): _____

Farm or Business Name: _____

Mailing Address: _____

Location/Address of Farm: _____

County: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Email: _____

Featured Products: _____

Fees:

All fees must be paid in full with this application.

_____ \$ 30.00 Full Season

_____ \$ 3.00 Daily (setting up for one day only)

\$ _____ Total Enclosed

By signing this application and paying the applicable fee, I agree to read and abide by all the policies and rules as set forth in Market Rules of Operation.

Signature: _____ Date: _____

**Clinch River Farmer's Market
P. O. Box 66
St. Paul, VA 24283
Town Hall 276-762-5297
Market Manager, Juanita Kelly 276-762-9377**