

TOWN OF DUMFRIES
FARMERS MARKET VENDORS LICENSE



Business Name _____
Applicant/Business Owner's Name _____
Dumfries Business License number _____
Tax Identification Number _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
E-mail address: _____

Please provide a list of items to be sold at the Town of Dumfries Farmers
Market: _____

Please list the names of people, who are authorized to work at your vending location (No more
than three are allowed):

The above named Vendor (also known as licensee) agrees to the following:

- Observe and abide by the Town of Dumfries 2013 Farmers Market Rules and Regulations.
- Make timely payment of vendor's fee.
- Be responsible for the safety and purity of all products offered for sale.
- Make proper collections and payments of all applicable taxes and fees required by the Commonwealth of Virginia and Town of Dumfries.
- Comply with all applicable Virginia Department of Health codes and regulations.
- Keep copies of all required paperwork at your vending location, to include licenses, and insurance documentation.
- Cooperate with all requests of the Director of Community Services and Market Manager.
- Not transfer, loan, sublet or assign your Farmers Market vendor location.

*If a qualifying "prepared" food vendor, please attach a copy of your permit from the Virginia Department of Health, to this application.

**All vendors must attach a copy of their Business License and the declaration page showing the limits of your liability insurance policy to this application.

Signature of Applicant

Date