



**COLLETON MUSEUM
& FARMERS MARKET**

Farmers Market Permit Application

Applicant Name: _____

Business/Farm Name: _____

Mailing Address: _____

Phone: Day _____ Evening _____ (Cell) _____

Email Address _____

Category of items to be sold

____ Produce

____ Plants

____ Crafts

____ Prepared Foods

____ Other _____

Please complete both pages of this application and return it to the address above, along with a check for \$15 made payable to:

Colleton Museum & Farmers Market.

In the event that an application is not approved, the permit fee will be returned to the applicant.

I agree to comply with all rules of the Walterboro Farmers Market. I understand that non-compliance may result in permanent expulsion from the Walterboro Farmers Market. I understand that the WFM recommends that I carry my own liability insurance while participating in the Farmers Market. If, at the present time, I have decided not to carry any insurance, I do accept responsibility for any negligence that I may cause.

Signature _____

Date ____ / ____ / ____

Approved _____ Denied _____ Reviewer _____ Date _____

PRODUCT LIST

(Note: Growers, on the back of this page, please provide a map or detailed directions from Walterboro to your farm.)

____ Grower ____ Crafter ____ Food Vendor

PRODUCTS

APPROX. HARVEST DATES (growers)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Colleton Farmers Market
506 E. Washington St., Walterboro, SC 29488
843-549-2303

Manager: Ted Chewning
843-835-8882 (h)
843-709-9679 (cell)