



LAKE CUMBERLAND FARMERS MARKET APPLICATION
LCFARMERSMARKET@CITYOFSOMERSET.COM

VENDOR INFORMATION

NAME OF PRIMARY VENDOR: _____

ADDITIONAL VENDOR NAMES WHO MAY ATTEND YOUR BOOTH:

NAME OF FARM OF BUSINESS: _____

MAILING ADDRESS: _____
NUMBER & STREET

_____ *CITY/TOWN* *STATE* *ZIP*

PRIMARY PHONE: (____) _____ Can we text this number? Y N

SECONDARY PHONE: (____) _____ Can we text this number? Y N

E-MAIL: _____

WEBSITE: _____

PRODUCTION INFORMATION

(IF PRODUCTION OCCURS AT AN ADDRESS DIFFERENT FROM ABOVE)

ADDRESS OR LOCATION DESCRIPTION:

_____ *NUMBER & STREET*

_____ *CITY/TOWN* *STATE* *ZIP*

GENERAL DESCRIPTION OF ALL EXPECTED PRODUCTS FOR MARKET YEAR 2020

DO YOU PLAN ON SAMPLING YOUR PRODUCTS? Y N

DO YOU HAVE A SAMPLING CERTIFICATE? Y N

PLEASE ATTACH ALL PERMITS AND CERTIFICATIONS TO THIS APPLICATION. IT IS NOT THE RESPONSIBILITY OF THE CITY OF SOMERET TO INFORM VENDORS WHAT PRODUCTS REQUIRE WHAT CERTIFICATIONS AND/OR PERMITS TO BE SOLD LEGALLY. ALL COPIES HAVE TO BE SUBMITTED PRIOR TO SELLING.

ARE YOU A MEMBER OF THE KENTUCKY PROUD PROGRAM? Y N

IF YOU ANSWERED YES, PLEASE ATTACH CERTIFICATE TO THIS APPLICATION. IF YOU ARE NOT A MEMBER, YOU MAY REQUEST AN APPLICATION FROM THE MARKET MANAGER OR VISIT [HTTP://WWW.KYPROUD.COM](http://www.kyproud.com).

SIGNED: _____ DATE: _____

**IF YOU HAVE ANY QUESTIONS DO NOT HESITATE TO CONTACT JOY CARROLL AT
606-305-3276 OR E-MAIL LCFM@CITYOFSOMERSET.COM**