

**2025 Dandridge Farmers Market Application**  
(Please Print or Type, Use Additional Pages as necessary)

1. Name of Farmer/Gardner/ Food Vendor/Business Name: \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

2. Names of Others Involved and Contact Information (Name, Address and Phone Numbers):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. County Where Products are Grown that will be Sold: \_\_\_\_\_

4. List of Products to be Sold and Source: (Please indicate months available)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Number of Acres Farmed: \_\_\_\_\_

6. Dates wishing to sell at the Dandridge Farmers Market: Every Saturday \_\_\_\_\_  
or Specific Saturdays (Please list dates) \_\_\_\_\_  
\_\_\_\_\_

The information I have provided on this form is correct. I have received a copy of the current Market Rules sent with this application and I agree to follow them as well of those of the Tennessee Department of Agriculture. I further understand that I assume all liability for my operation at the market and my products sold.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Market Management Use Only:**

Date application received: \_\_\_\_\_ Date Farm Inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Inspector Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Committee Reviewed: \_\_\_\_\_

Approved: \_\_\_\_\_

Reasons Denied: \_\_\_\_\_

\$25.00 APPLICATION FEE RECEIVED: \_\_\_\_\_

Method of Payment:

Cash \_\_\_\_\_ Check # \_\_\_\_\_