

2026 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 # _____