

# **Buda** **FARMERS!** **MARKET**



## Health/Body Vendor Application

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**SALES TAX I.D. NUMBER if applicable:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**MANUFACTURING ADDRESS AND DIRECTIONS TO SITE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**Please list below ALL items you will sell at the market. Use the back if necessary.  
Any item not listed must be approved by the Market Manager before bringing it.**

\_\_\_\_\_

\_\_\_\_\_

**Copies of the following documents must be included when submitting the application: Copy of Liability Insurance if applicable and Food Handler Card. Food Handler Card can be obtained through online course @ [www.texasfoodhandler.com](http://www.texasfoodhandler.com) Call: Bucky @ Hays County Dev. Services with questions. Tel:512-393-2150**

**I hereby certify that all the information contained in this application is correct.**

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

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email:budamarketmanager@gmail.com

