

Gateway Farmers Market Application

Name:						
Mailing Address:						
City/St/Zip:						
Garden Physical A	Address:					
Home Phone:			Ce	11:		
				11:		
Asparagus	Carrots	I plan to sell: (Circle all that a Carrots Lettuce		Squash	Pears	
Beans	Corn	Okra		Tomatoes	Plums	
Beets	Cucumbers	Onions		Blackberries	Pumpkins	
Broccoli	Eggplant	Peas		Blueberries	Strawberries	
Brussels Sprouts	Greens	Peppers		Cantaloupes	Watermelon	
Cabbage	Herbs	Potatoes		Peaches		
Other Items:						
Baked Goods Eggs				Honey	Soap	
Crafts		Flowers		Jelly/Jams	USDA Meat	
my farm to assure a that I have read and by signing below.	all produce is home anderstand the rules	grown by r s and regula	ne. I wil ations of	l sell only produce that the Gateway Farmers	their representative to inspect t I have grown. I further stat Market and agree to be bound for any misrepresentation of	
I acknowledg	ge receipt of a copy of	of Gateway	Farmer	s Market Rules & Regu	ılations.	
	ge receipt of a copy of Health & Arkansa			Vendor Guide publishertment	ed by the Arkansas	
Signature				Date:		
Inspected By:				Date:		
\$200.00 Yearly Fee for 2024			E	Email to info@thegatewayfarmersmarket.com or		
\$225.00 Yearly Fee after Feb. 27 th , 2024				mail to Heather Soyers, 216 Walnut Street Texarkana, AR 71854		
\$ 20.00 Daily Fee for 2024						