

**Downtown St. Elena Farmers Market 2016  
Participation Agreement for Food Vendors**

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

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime #: \_\_\_\_\_

Other#: \_\_\_\_\_

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

Certificate of insurance: \_\_\_\_\_

City of Beaufort Business License Number: \_\_\_\_\_

Certification Number: DHEC \_\_\_\_\_ and/or Dept. of Agriculture \_\_\_\_\_

Products to be sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All items or produce are subject to approval and acceptance by the COB Farmers Market Committee.

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

Mail to: City of Beaufort, 1911 Boundary St., Beaufort, SC 29902

For info call: Julian Johnson (843) 525-6162