



Time: 9:00 a.m. – 12:30 p.m.  
Tifton-Tift County Main Street Program

**Here is all of the information that you will need to get started!**

**Fees:** Vendor space is currently free.

**Schedule:** Vendors can sign up for a specific Saturday, such as the 2<sup>nd</sup> Saturday of each month or the 1<sup>st</sup> and 3<sup>rd</sup> Saturdays; or, for a month or the whole season! Knowing your schedule allows us to promote the vendors who will be in attendance each week.

**Promotion:** Weekly e-newsletter, Facebook, articles to paper, banners downtown, posters, fliers, tent cards, local television and more.

**Booth Size:** 10' x 12' Booth space locations are selected based on order of applications received. We do have a few tents and tables. However we encourage vendors to supply their own tables & chairs.

**Note:** There will not be a power or water source for vendors.

**Set up Time:** Vendors should be set up by **8:30 a.m.** Vehicles are allowed next to depot for unloading only. Vehicles should be relocated to one of several lots in downtown during market hours.

**Ordinances:** All produce / concessions must be kept clean and sanitary at all times. Smoking is not allowed in this area. All demonstration food vendors are required to have a working fire extinguisher at their booth. Only booths with an approved application will be permitted.

**VENDOR APPLICATION: Type of vendor: Arts & Crafts or Produce (Circle One)**

Business Name: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you participated in the Tifton Farmers Market before? Yes or No If yes, how many years? \_\_\_\_

Have you participated in other area Farmers Markets before? Yes or No If yes, how many years? \_\_\_\_

List all of the items you wish to sell:

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I understand that neither Main Street Program, Downtown Development Authority nor the City of Tifton is responsible for loss or damage of work, personal injuries or property damage; nor will the vendor / company be a party to legal action against them. I have read the rules and regulations and agree to abide by them.

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

**Please fax, scan/email or mail this form to:**

**Mail: 504 Main Street Tifton GA 31794**

**Phone: (229) 556-7439 or 391-3966**

**Fax: 229.556-6201**