

Town of Wrightsville Beach

1 Bob Sawyer Drive – P. O. Box 626
Wrightsville Beach, North Carolina 28480
Telephone: 910-256-7925 * Website: townofwrightsvillebeach.com

Dear Producer:

Thank you for your interest in becoming a vendor at the Wrightsville Beach Farmers' Market. Please carefully read and follow the steps below. You may contact the Town's Parks and Recreation Department with any questions at (910) 256-7925.

1. Please be sure to read the entire Town of Wrightsville Beach Farmers' Market Rules and Regulations.
2. Please fill out the Application to Sell Produce and Privilege License forms completely. Incomplete applications will not be considered.
3. Applicants intending to sell products regulated by local, state, and/or federal agencies must include copies of appropriate documentation from those agencies ensuring compliance. Applications received without this documentation will be considered incomplete.
4. All applicants must include a \$50.00 non-refundable application fee and a \$25.00 non-refundable privilege license fee, (we prefer two separate checks or cash). Privilege licenses are renewed annually in July.

Applications will be accepted throughout the market season. However, space is limited so we encourage you to submit your application early. Once available spaces have been filled, eligible applicants will be added to a wait list and space will be assigned if and when space becomes available. You will be notified by mail regarding acceptance or rejection of your application.

Sincerely,

Katie Ryan
Program Supervisor

VENDOR BACKGROUND INFORMATION

How long have you been producing these products? _____

How long have you been farming/producing? _____

How do you currently market your products? _____

Do you sell at other Farmers' Markets in the area? Which ones and for how long? _____

DATES OF PARTICIPATION

Please indicate specific dates you plan to sell at the Wrightsville Beach Farmers' Market. Due to space demand, should you be required to take an extended leave (4 or more consecutive market days) from the market for any reason, your space will be filled from the waiting list and you will be able to return when/if space becomes available. Priority will be given to applicants that are able to make a commitment to the market.

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

I acknowledge that I have been provided with a copy of the Wrightsville Beach Farmers' Market Rules and Regulations and that I will abide by these rules. I also understand my participation may be terminated for violation of the Rules and Regulations. I further agree to allow representatives of the Town of Wrightsville Beach and/or the Market Manager to visit the premises where the products I intend to sell are produced.

Printed Name

Signature

Date

HOLD HARMLESS CLAUSE AND INSURANCE

All authorized vendors participating in the Wrightsville Beach Farmers' Market shall be individually and severally responsible to the Town of Wrightsville Beach for any loss, bodily or personal injury, deaths, and/or property damage that may occur as a result of the vendor's negligence or that of its servants, agents, and employees. All vendors hereby agree to indemnify and hold the Town of Wrightsville Beach, its officers and employees harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by the Town of Wrightsville Beach by reason of the vendors' negligence or that of its servants, agents and employees; provided that the vendors shall not be responsible nor required to indemnify the Town of Wrightsville Beach for negligence of the Town, its officers or employees. No insurance is provided by the town of Wrightsville Beach to participants in the Farmers' Market.

Printed Name

Signature

Date



Town of Wrightsville Beach

321 Causeway Drive – P. O. Box 626
Wrightsville Beach, North Carolina 28480

Telephone: 910-256-7900 * Fax: 910-256-7910 * Website: townofwrightsvillebeach.com

Privilege License Application

Name of Business _____ Tax ID# _____

Mailing Address _____

Physical Address _____

Nature of Business _____ State License # _____

Name of Owner _____ Phone # _____

Name of Applicant & Relation to Business _____

I hereby certify that I have made inquiry concerning the regulations of the Town of Wrightsville Beach and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424.

The North Carolina Schedule B License is a tax that is levied on the privilege of engaging in a particular occupation or business activity within the taxing jurisdiction. NC General Statute 105-366(d)(1) requires notification to the Tax Collector forty-eight (48) hours prior to going out of business, the transfer of or pending sale to another party.

A copy of the New Hanover County Health Permit must be attached before issuance of license to food handling establishments. Copies of all temporary or permanent ABC permits are required.

DISPLAY OF LICENSE: Your license will be processed and mailed to you within 1-10 business days. Upon receipt, please post the license at your business location. Your license will expire June 30th. If you discontinue your business before the end of the license period, no refund of any part of the license tax will be made.

Signature of Owner or Officer of the Business: _____ Date _____

Applicable Department Coordination

_____ Planning/Zoning Date: _____

_____ Parks/Rec. Date: _____

_____ Fire Dept. Date: _____

_____ Police Dept. Date: _____

_____ Public Works Date: _____

_____ Gen. Admin. Date: _____

Comments:

Date application received: _____ License Fee \$ _____ Date paid: _____

Receipt Number: _____ Privilege License Number _____

Approved by: _____ Date: _____