



# Shepherdsville Farmers Market

City of Shepherdsville  
634 Conestoga Parkway  
Shepherdsville, KY 40165  
Phone: 502-543-2923  
Fax: 502-543-6201  
Aodle@shepherdsvilleky.gov

Valid June through September

## Applicant Information

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

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

City State Zip

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

Social Media Handle \_\_\_\_\_

Items to be sold: \_\_\_\_\_

City Account No.: \_\_\_\_\_

By submitting this application, I agree to abide by the Farmers Market Vendor agreement. I will remove all items I bring to the site and clean up after myself before departing for the day. I will provide my own table(s), chair(s) and canopy. All vendors are to be in their space by 7:15AM before the market starts. Except in the case of an emergency, vendors are to notify the Market Manager as soon as possible, and at least 24 hours in advance, if they will be absent from a scheduled Market. Failure to report to the Market Manager may risk loss of spot at the market.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Set Up Fee:  
\$50.00

**Check or Money Order Only! CASH WILL NOT BE ACCEPTED!**  
**\*Make checks payable to City of Shepherdsville\***