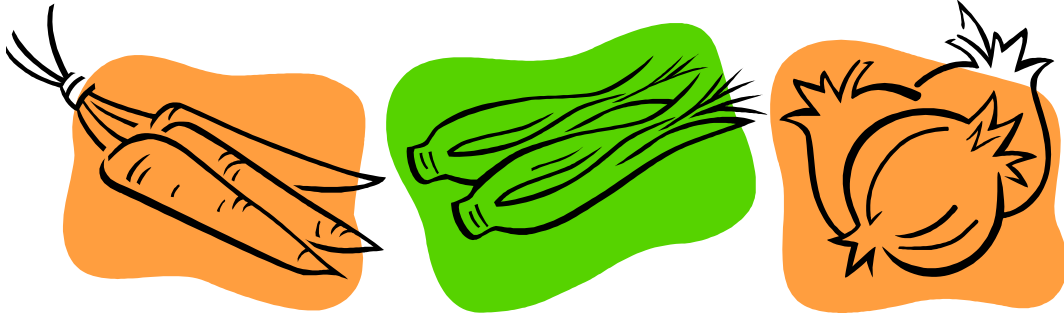


Mt. Gilead Merchant's Association  
FARMERS' MARKET APPLICATION



FARMERS' MARKET EVERY SATURDAY FROM 8 AM TO 12 PM  
MT. GILEAD VILLAGE GREEN SPACES

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please list all products you have grown, created, or would sell at the market:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I have read and understand and agree to follow all the guidelines put forth in the Mt. Gilead Merchant's Association Farmer's Market Policies.

Please send your application to the Mt. Gilead Merchant's Association, P.O. Box 65, Mt. Gilead, OH or e-mail to [mgma@redbird.net](mailto:mgma@redbird.net)

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