



Damascus Farmers Market
P.O. Box 576 Damascus, VA 24236
Contact: *farmersmarket@damascus.org*

Vendor Application 2025

Farm/Business Name: _____

Contact Name: _____

Address: _____

Cell Phone: _____ Email: _____

List of Products for Sale:

2025 Season ~ May – October, Thursdays 4-7pm

Weekly Fee: **\$10.00 cash**

Session: May – July (14 Thursdays): **\$110**; or August – October (13 Thursdays): **\$110**

Full Season, May – October (27 Thursdays): **\$220**

Dates: _____

By signing this application, I agree to the Market Rules, Regulations and Agreement.

X _____ Date: _____
Signature of Vendor(s)

Printed Name of Vendor(s)

X _____ Date: _____
Signature of Manager(s)

Printed Name of Manager(s)