



RUTHERFORD COUNTY FARMERS' MARKET
VENDOR PARTNERSHIP FORM

Physical address of farm(s) cultivated in partnership:

How many acres? Who owns the property?

List products grown through partnership:

Partner #1 Information:

Name:
Home Address:
City, St., & Zip:
Home Phone: Cell Phone:
% Cost share in Partnership: % Profit share in Partnership:
Describe your contribution to this partnership:

How long have you been operating in this partnership?

Partner #2 Information:

Name:
Home Address:
City, St., & Zip:
Home Phone: Cell Phone:
% Cost share in Partnership: % Profit share in Partnership:
Describe your contribution to this partnership:

How long have you been operating in this partnership?

Reminder: Brokerage partnerships will not be allowed in the RCFM. All parties must physically be involved in growing product, i.e., partnership cannot be purely financial in nature. If there are additional parties involved in this partnership, please contact Anthony Tuggle, at 615-898-7710 or atuggle@utk.edu for an amended Partnership Form.

All parties are advised to retain a copy of this partnership form for their records.

THE RUTHERFORD COUNTY FARMERS' MARKET IS A PRODUCER ONLY MARKET

Programs are offered to all eligible persons regardless of race, color, national origin, age, sex, or disability, and both UT Extension and TSU Cooperative Extension Program are Equal Opportunity Employers.



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I, _____, verify that the information provided above is true and accurate.
Partner #1

Signature of Partner #1

STATE OF TENNESSEE
COUNTY OF _____
On this _____ day of _____, 20_____, before me personally appeared _____ to me known or proved to me, on the basis of satisfactory evidence, to be the person described herein and who acknowledged that he/she executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act.

NOTARY PUBLIC

MY COMMISSION EXPIRES

I, _____, verify that the information provided above is true and accurate.
Partner #2

Signature of Partner #2

STATE OF TENNESSEE
COUNTY OF _____
On this _____ day of _____, 20_____, before me personally appeared _____ to me known or proved to me, on the basis of satisfactory evidence, to be the person described herein and who acknowledged that he/she executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act.

NOTARY PUBLIC

MY COMMISSION EXPIRES

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