



Farmers Market Application

*Please fill out form and email to FarmersMarket@TresLagosMcallen.com

Company Name: _____

Business Structure: Collaborative____ Corporation____ LLC____ Other____
Partnership____ Sole-Proprietor____

Business Phone Number: _____

Business Email: _____

Website: _____

Facebook Profile: _____

Instagram Name: _____

I give permission to display my contact information (business phone number and email) as well as photos and videos of my business on Tres Lagos and Tres Lagos Farmers Market website and social media pages. This information is used on websites in areas such as vendor lists and on the interactive market map and Tres Lagos/ Tres Lagos Farmers Market promotional/advertising content.

Mailing Address:

Primary Contact (for business):

Name: _____

Cell Phone: _____

Email: _____

Is this your first time selling at the Tres Lagos Farmer's Market: YES____ NO____

Business Owners: (please list all owners)

Brief Company Description:

Product Details: (ingredients used in your products or list items you grow)

My business is certified organic: YES ___ NO ___

Product Detail for Farmers/Growers:

Where is your Farm Located: _____

Water Management Method: _____ Total of Acres: _____

Pest Control Method: _____

Pest Control Products Used: _____

Do you use GMO Seeds: YES ___ NO ___ Do you use Growth Hormones: YES ___ NO ___

Where do you currently sell your products: _____

Product Detail for bakers & food cottage law products:

Do you bake your products at Home or in a Commercial Kitchen? _____

Where is your kitchen located: _____

Is your product: gluten-free ___ sugar free ___ vegetarian/vegan ___ other ___

Do you use some local ingredients: YES ___ NO ___

Do you use organic ingredients: YES ALL ___ NO ___ SOME ___

Product Detail for food vendors:

Do you cook your products in a Commercial Kitchen or Food Truck? _____

Where is your kitchen located: _____

Is your product: gluten-free ___ sugar free ___ vegetarian/vegan ___ other ___

Do you use some local ingredients: YES ___ NO ___

Do you use organic ingredients: YES ALL ___ NO ___ SOME ___

Product Detail for extra added value vendors: (soaps, beauty products, honey, candles)

Do you make our products at: Home ___ Commercial ___ Co-packer ___

Location are products prepared: _____

Is your product: gluten-free ___ sugar free ___ vegetarian/vegan ___ other ___

Do you use LOCAL ingredients: YES ___ NO ___ SOME ___

Other details you would like us to know: _____

Signature: _____ Date: _____