



SHENANDOAH FARMS P.O.S.F EVENT VENDOR APPLICATION

Vendor's Name _____

State Registered Business? ☐ Yes ☐ No

Business Name _____

Phone _____ E-mail _____

☐ Food Vendor ☐ Artisan Vendor ☐ Retail Vendor ☐ Community Organization

Products Selling _____

Do you have business liability insurance? _____

**Copy of insurance policy for licensed businesses is required.*

☐ \$10 Shenandoah Farms Resident ☐ \$15 Non-Resident

Booth Space Size Requested _____

*Application with fee and required documents must be turned in to the
P.O.S.F office 14 days prior to the event date.*

*The POSF Office is open Thursdays from 10AM - 2PM for walk-in
availability. 540-837-2068 - 6401 Howellsville Rd
shenandoahfarms@comcast.com*

OFFICE USE

____ Fee Paid Amount \$_____ Staff _____