



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

Vendor's Name _____

Business Name _____

State Registered Business? ☐ Yes ☐ No

Phone _____ E-mail _____

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

Products Selling _____

☐ Shenandoah Farms Resident ☐ Non-Resident

Booth Space Size Requested _____

Business Liability Certificate must be attached to this application.

*Application and required documents must be turned in to the
P.O.S.F office 10 days prior to the event date.*

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

OFFICE USE

_____ Date received Approved _____ Staff signature _____