



# Application for Farmers' Market

Catawba Indian Nation  
Department of Natural Resources



Please fill out all applicable information. Applications and supporting documents can be emailed to [FarmersMarket@catawba.com](mailto:FarmersMarket@catawba.com) or dropped off at the front desk of the Longhouse. If dropped off, please let the receptionist know that the documents are for Allison Knight.

## Part 1. Information About You

### Your Full Name

Last Name

First Name

Middle Name

### Current Physical Address

Street Number and Name

Apt.

☐

Ste.

☐

Flr.

☐

Number

City or Town

County

State

ZIP Code

### Current Mailing Address (if different from the address above)

Street Number and Name

Apt.

☐

Ste.

☐

Flr.

☐

Number

City or Town

County

State

ZIP Code

### Your Contact Information

Phone Number

Are you ok with receiving text messages on this number?

☐

YES

☐

NO

Email Address

### Your Tribal Enrollment Number

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### Your Date of Birth (MM/DD/YYYY)

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**Part 2. Information About Your Household**

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Please list all other members of your household. For those household members that are not Catawba citizens, please submit documentation that verifies an individual resides at the address you've provided. This form of documentation may include, but is not limited to, a rental agreement, a piece of mail, a utility bill, or a school report card.

**1. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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**2. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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**3. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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**4. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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**5. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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**6. First and Last Name****Relationship to You**

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**Tribal Enrollment # (if applicable)**

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**Date of Birth (MM/DD/YYYY)**

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