

# Independence Farmers Market

## 2024 Nonprofit Organization Application

Name(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Daytime Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: ☐ Email ☐ Phone ☐ In person ☐ Other: \_\_\_\_\_

**Please list ALL items/activities you intend to use to promote/fundraise at the Independence Farmers Market:**

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**Date(s) you are requesting to be at the market:**

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**Please note:** You must get approval from the Market Manager *at least one week in advance* of requested date(s).

**Additional Information:**

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Will you require additional space beyond the normal booth size (10'x10')? Yes / No

If yes, please explain:

Do you need electricity? Yes / No

Do you have promotional items you would like the market to promote in advance? Yes / No

If yes, please contact the Market Manager to coordinate.

**Please provide your own table, chairs, tent, and any other materials necessary. Booth space is free of charge.**

**\*\*Please read and sign Compliance Agreement on next page.\*\***

**Return completed nonprofit registration to:  
Buchanan County ISU Extension and Outreach  
2600 Swan Lake Blvd. , Suite A  
Independence, IA 50644**

# Nonprofit Organization Compliance Agreement 2024

**As a nonprofit organization at the Independence Farmers Market, I agree to the following:**

- I have read the Independence Farmers Market Rules, and do agree to abide by all these rules and regulations.
- I verify that all information I have provided about my organization is true and accurate.
- I understand the failure to comply with the Independence Farmers Market Rules and all federal, state, county and local regulation and licensing will mean dismissal from the market.
- I give approval for the Independence Farmers Market, and its sponsors, to use photographs taken at the Market that might include my work for publicity purposes.

As a nonprofit organization, wishing to participate in the Independence Farmers Market, I (we) agree to RELEASE, HOLD HARMLESS and INDEMNIFY the Independence Farmers Market, its members, the Independence Historical Society, the City of Independence, any other sponsoring organization or agency, and their agents and employees (Releasees) from any and all liability, loss, damage, or cost for injury (fatal or otherwise) and/or property loss or damage in relation to the activities at the Independence Farmers Market, whether caused by the negligence of the Releasees or otherwise.

**Nonprofit Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only: Date of submission: \_\_\_\_\_ Date of approval: \_\_\_\_\_ Initials: \_\_\_\_\_