

Independence Farmers Market

2024 Vendor Application

Owner(s): _____ Business Name: _____

Business/Farm 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 you intend to sell at the Independence Farmers Market:

Please note: All produce and flowers must be grown by you and all craft and bakery items must be created by you.

Vendor Commitment

The market will run every Saturday from 8 am - 12 pm, May 11 – October 12, 2024 and will be held rain or shine.

Please mark your commitment level for the season: ☐ Full season permit: \$50 one-time fee
☐ Occasional: \$10 per day until \$50 is reached

Additional Information

a. Do you participate in the WIC/Senior Farmers Market Nutrition Program? Yes / No / NA

If no, are you interested in becoming certified to receive these checks? Yes / No

b. Do you plan to participate in the Farmers Market Produce Donation Program? Yes / No / NA

c. Do you have a certified home bakery/home food establishment license? Yes / No

d. Are you selling a product that requires a farmers market potentially hazardous food license? Yes / No

If you answered yes to questions C or D, please refer to Iowa Inspections and Appeals Farmers Market Requirements and Iowa Code Chapter 30 and provide a copy of proof of license to the Market Manager.

Website: _____

Facebook: _____

Please check mark any information you **do not want shared** via various contact/promotion sources (website, etc.):

☐ Email ☐ Phone ☐ Address ☐ Other: _____

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

Return completed vendor registration, payment, and copies of licenses (if applicable) to:

Buchanan County ISU Extension and Outreach

2600 Swan Lake Blvd. , Suite A

Independence, IA 50644

Make checks payable to: ISU Extension and Outreach Buchanan County

Vendor Compliance Agreement 2024

As a vendor 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 am aware of, and will comply with, all applicable State of Iowa and Local Codes related to this activity.
- I verify that all information I have provided about my farm and products for sale is true and accurate.
- I will abide by the decisions of the Independence Farmers Market, its officers, directors, and agents regarding the interpretation and enforcement of any provision of the Rules. 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 vendor, wishing to participate in the Independence Farmers Market, I (we) agree to RELEASE, HOLD HARMLESS and INDEMNIFY the Independence Farmers Market, its members, the Buchanan County Agricultural Extension District, 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.

Vendor(s) signature: _____ **Date:** _____

For Office Use Only

Date of payment: _____ Cash / Check # _____ Amount: \$ _____

Date of payment: _____ Cash / Check # _____ Amount: \$ _____

Date of payment: _____ Cash / Check # _____ Amount: \$ _____

Date of payment: _____ Cash / Check # _____ Amount: \$ _____

Date of payment: _____ Cash / Check # _____ Amount: \$ _____