

Independence Farmers Market

2024 Youth Vendor Application

The Youth Vendor Booth is open to vendors under the age of 18. Youth Vendors may participate a maximum of three times per season without charge and must follow all Farmers Market rules.

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

Name: _____ Age _____

Business Name, if applicable: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Best Phone Number: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Please list ALL items you intend to sell at the Independence Farmers Market:

Dates:

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

Youth vendors must be present from 9:00-11:00 am AT A MINIMUM.

Please list a maximum of three dates and times you wish to sell at the market this season:

1. _____
2. _____
3. _____

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

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

ISU Extension and Outreach Buchanan County

Roger Barloon, Farmers Market Manager

2600 Swan Lake Blvd. , Suite A

Independence, IA 50644

Youth Vendor Compliance Agreement

2024

As a youth 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 youth 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.

Youth Vendor signature: _____ **Date:** _____

Parent/Guardian 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: \$ _____