

Independence Farmers Market 2017 Vendor Registration

Name(s): _____ Business 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 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 13 – October 14, 2017 and will be held rain or shine.

Please mark your commitment level for the season: Full season permit: \$30 one-time fee

Occasional : \$10 per day

Additional Information:

Are you certified to receive Farmers Market Nutrition Program checks? Yes / No / NA

If no, are you interested in becoming certified? Yes / No

Website: _____

Facebook: _____

Information collected on this form will be made public via various media sources. If you **do not** want your information shared, please initial here: _____

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

Return completed vendor registration and payment to:

Buchanan County ISU Extension and Outreach

Attn: Sarah Kielly

2600 Swan Lake Blvd. , Suite A

Independence, IA 50644

Make checks payable to: Buchanan County ISU Extension and Outreach

Vendor Compliance Agreement 2017

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 verify that all information I have provided about my farm and products for sale 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 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 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 signature: _____ **Date:** _____