Montgomery Farmers' Market Returning Vendor Application

Date of application	l:	Season (year) ap	plying for:	
Vendor Type:	Full Time	Part Time (# of we	eeks reques	ting:)
Business Name: _				
Contact Name:				
Mailing Address: _				
	City:		State:	Zip:
(if different)	City:		State:	Zip:
Telephone:		Email:		
Website:				
Fees are for the re	ental of a 10ft x 1 supplies are	all Full Time application Oft space on each mark to be provided by the v k #	et day, all otl vendor.	
Do you require ele		Yes	No	
If yes, do you	plan to provide it you t provide their own h		No	sion cord with ground
		elow any dates you do <mark>no</mark> elow your available mark	•	
What year did you	begin selling at t	he Montgomery Farme	rs Market? _	

	What other farmers'	markets or	locations ((if anv) do	vou sell vour	products at?
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Type of Products: Please list or describe <u>all</u> products you would like to sell. For value-added, home-produced products, attach a sample of your label for each product. Attach an additional sheet if necessary. Products not listed may not be sold. Montgomery Farmers' Market reserves the right to limit the number of vendors selling similar items of produce or other products to avoid over-representation.

Are there any items you wish to sell at the market this season that you have not sold at our market in the past? Please list them below:

<u>Production Practices:</u> The Montgomery Farmers' Market is committed to fresh, clean, healthy and local food and craft products. For our information, please tell us about your growing practices and pest control management, ingredients used in your artisan food products, production of your craft products, and sourcing of ingredients/supplies not grown/produced by you. An effort to use local ingredients and items in artisan food products and crafts is expected, and use of organic ingredients is preferred. Your explanation may be made posted on our website and made available to our patrons, upon request.

Liability Information

Montgomery Farmers' Market shall not be responsible for any loss, damage, or injury to any property of any Vendor or any loss, damage or injury to Vendor booths or employees of Vendors, or friends or family, from any cause whatsoever.

Business owners and employees hereby agree to indemnify, save and hold harmless the Montgomery Farmers' Market, employees or volunteers from and against any and all costs, expenses (including but not limited to legal fees and costs), losses, fees, liabilities, damages, lawsuits and/or deficiencies, whether threatened or actual, resulting from or arising out of any and all actions, omissions, or activities of the Market, its employees, agents, invitees, licensees, or assigns of the Market or its Vendors.

The Montgomery Farmers' Market shall not be liable for any cost, expenses, loss or damage arising out of, or related to, personal injury; loss of, or damage to, or distribution of property of a Vendor; or failure to provide space for an exhibit, removal of same, or to hold event as scheduled.

I have read and agree to the Montgomery Farmers' Market Guidelines (located at www.montgomeryfarmersmarket.org). Signed: _____ Date: _____ **SNAP & Produce Perks Program** I understand that if I sell SNAP or Produce Perks eligible items, I will be required to participate in the market's SNAP & Produce Perks Program. (For more information on what is considered a SNAP eligible item, please visit http://www.fns.usda.gov/snap/eligible-food-items, for more information on Produce Perks, please visit http://www.produceperks.org) I sell SNAP eligible items and I agree to I do not sell SNAP participate in the market's SNAP & Produce eligible items Perks program Signed: _____ Date:

Farmers Buck Program

I understand that as a market vendor, I am required to participate in the market's Farmers Buck Program. I agree to accept MFM Farmers Bucks at my booth and understand that I will be reimbursed for any Farmers Bucks redeemed for my products by the Montgomery Farmer's Market.

Signed:	Date	
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Completed application should include:
This form, completely filled out & signed with any additional information attached
Proof of Insurance showing Montgomery Farmers' Market as "additional insured
Your Vendor Fee check (\$250 for FT Vendors, \$15 per week for PT Vendors)
wks requested x \$15 per wk = \$

For all <u>Full Time Vendor</u> applications postmarked after March 1, please also include a \$25 late fee with your application.

You are responsible for any required licenses from the County and the State and shall provide them upon request.

The board reserves the right to reject an applicant for any reason, to limit the number of Part Time vendors at the market, and to limit the types and number of products sold at the market.

Please mail this completed application to:

Montgomery Farmers' Market c/o Larry Pinsky 8140 Traverse Court Montgomery, OH 45242

For questions or additional information please contact:

Larry Pinsky at larrypinsky.mfm@gmail.com