



MARKET DATES: FRIDAYS JUNE 15THth THRU OCTOBER 19th, 2011

WOOSTER'S GROVE FARMERS' MARKET

2012 Vendor Application

Farmer/Vendor Information:

First Name: _____ Last Name: _____

Farm/Business Name: _____

Address _____

Phone: _____ Fax: _____ E-mail: _____

Address of farm, kitchen or other facility (if different from above):

Please describe the vehicle you will be using (truck, car, van) and approximate length and include License Plate # and State: _____

Do you plan to participate in the market for the full season? _____ If no, please state which weeks you would like to participate _____

Each booth space costs \$15/week or \$40 per month. The Market Manager will collect stall rental weekly or monthly depending on your payment schedule.

Please include your Certificate of Insurance. The Village is requiring this to be on file in their office. Read and sign Indemnity Agreement. Failure to do so will delay your acceptance into the Market. **All insurance certificates must be received by the me before your first day at the market.**

VENDOR COMPLIANCE AND INDEMNITY AGREEMENT

I, the undersigned, have read the Rules and Regulations of the Wooster's Grove Farmers' Market and do agree to abide by all of these rules and regulations.

I further agree to operate my booth in accordance with these rules and to pay all applicable donations as set out in the Rules and Regulations. I do understand that the booth rent, length of season, and hours of operation are determined by the market management, and even if I do not agree with them, I will abide by them. I further understand that failure to comply with the above could mean dismissal from the market. As a vendor wishing to rent space in the Wooster's Grove Farmers Market, **I agree to SAVE, HOLD HARMLESS AND INDEMNIFY the Wooster's Grove Farmers Market and the Village of Walden, their members and employees, from any and all liability or responsibility pertaining to any damages to person or property on the site leased by me from said market, when such damages, or liability, arise out of any acts of my own, or by my employees or associates located at said site.**

Vendor name - PLEASE PRINT

Vendor Signature

Date