

# Independence Farmers Market 2018 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:**

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**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 12 – October 13, 2018 and will be held rain or shine.

Please mark your commitment level for the season:     Full season permit: \$50 one-time

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

If you answer *yes* to the following questions, please provide a copy of proof of license to the Market Manager.

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

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

*Please refer to Iowa Inspections and Appeals Farmers Market Requirements and Iowa Code Chapter 30.*

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, payment, and copies of licenses (if applicable) 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 2018

**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 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 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use Only

Date of payment: \_\_\_\_\_ Method of payment: Cash / Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date of payment and vendor information recorded on file: \_\_\_\_\_ Staff initials: \_\_\_\_\_