

Office Use Only	Date Rec'd	Date Approved
Jury #	Space Assigned	Fee \$
License Needed/ Rec'd <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Boyne City Farmer's Market

Vendor Application

2010

Vendor Information:

I am a Farm/ Food/ Nursery Vendor Craft Vendor Both
 Years involved with Boyne City market _____

Business Name _____

Primary Contact _____

Family, friends, or employees who will be vending at the market _____

Phone #(s) _____

Email _____ Website _____

Check here if you prefer to be notified by email (vs. postal) when possible.

Check here if you would like to be linked from the farmers market website, if possible.

Mailing Address _____

City/ Zip Code _____ County _____

Physical address and driving directions to farm/ production site _____

Check here if your farm/production site 1) is NOT within a 30-mile radius of Boyne City or 2) is NOT in Charlevoix, Emmet, Antrim, Otsego and Cheboygan counties. (Application requires annual approval by Farmers Market Committee.)

List ALL products *raised, prepared or produced by the vendor* that will be sold at the market (including crafts – **BE SPECIFIC!**)

List ALL products classified as *synergistic** that will be sold at the market

*Refer to Market Rules. Requires approval by market manager and/or Farmers Market Committee.

Market space request: (IN VETERANS PARK!)

Size of space (10, 15 or 20 feet*): _____ (*NOTE: New recommended fees, pending approval, will be \$150, \$200 and \$300 respectively.)

Returning seasonal vendors: I request the same space as last year
 a different space than last year

Explanation of request, if necessary _____

Briefly describe desired set-up (vehicle, tables, canopy, etc.) _____

Note: Past market attendance, market history and product profile will all be considered when assigning market space. All requests will be considered. All may not be able to be fulfilled.

Vendor Contract:

I attest that the above information given is true and in no way a misrepresentation of my market products. I agree to sell or offer for sale at the Boyne City Farmers Market only such items as listed above and that are of my production on the above described property. Further, I acknowledge full responsibility for all activities and conduct and agree to follow the Boyne City Farmers Market Rules, Guidelines for Crafts and Code of Conduct (*new 2010 – see below*).

Vendor Signature _____ Date _____

The following items must be received before your application can be processed:

- Completed Application
- Signed Waiver & Release
- Required licenses, permits and/ or certificates
- Craft Jury Description Form & Photos (for handicrafts only)

(The Boyne City Farmers Market Rules and Code of Conduct (NEW!) will be available upon approval by the Farmers Market Committee after the March meeting. A copy of the Boyne City Farmers Market Code of Conduct must be signed and returned to the market manager before a vendor will be allowed to participate in the market.)

Please mail or deliver the above items to:

Boyne City Farmers Market
112 S. Park Street, Suite F
Boyne City, MI 49712

Note: Do NOT send payment with your application. Vendors will be invoiced for the assigned space upon approval of their application.

Boyne City Farmer's Market

Waiver & Release

2010

_____, as indemnitor, agrees to indemnify, defend and hold harmless the Boyne City Farmer's Market, Boyne City Main Street, City of Boyne City, Farmer's Market Executive Committee, and Market Master from and against any and all claims, losses, liability, costs or expenses (including reasonable attorney fees) arising out of bodily injury of any person or persons, including death, or property damage, relating to the use of Boyne City's property for the purpose of selling items at the Boyne City Farmer's Market during its seasonal operational schedule.

Additionally, indemnitor, including indemnitor's agents or employees, agrees to abide by the terms of the Boyne City Farmer's Market Rules 2010, By signing this document thus binds the indemnitor to these Guidelines.

Signature _____ Date _____
Vendor/ Indemnitor

Signature _____ Date _____
Market Manager