Lake City Community Farmers' Market 2018 Vendor Application Form

Name	
Name of business	
Address	
Daytime phone	Evening phone
E-mail	
Description of products you	will be selling:
What special space requirer	ments do you have? (For example, do you need electricity? Do you need
space to sell from the back (of a vehicle or from a trailer?)
Are you a certified organic μ	producer? Yes No
Do you participate in the Fa	rmers' Market Senior Nutrition Program (FMSNP)? Yes No
Vendor fees for the 2015 m	arket season (choose one category):
1 week	\$6.00
6 weeks	\$25.00 (weeks do not need to be consecutive)
Season (14 weeks)	\$45.00 (includes a reserved spot in the market)
□ I enclose a check in the a	mount of
(Make check payable	e to: Lake City Farmers' Market)
\square I will pay in full on the firs	st day that I sell at the Lake City Community Farmers' Market
(Vendor fees not paid in adv	vance are due on market day before the market opens.)

SIGNATURE OF APPLICANT

I have read and agreed to ab Rules and Regulations of the	•	onditions stated in the Vendor Information and Farmers' Market.
		Name
		Date
	PESTICIDE	AFFIDAVIT
the production of all items o	ffered for sale have be on Agency and the low	armers' Market states that all pesticides used in en applied in accordance with current rules of the a Department of Agriculture and Land Stewardship ns.
		Name
		Date
	WAIVER OF R	ESPONSIBILITY
hold the Lake City Communit	ry Farmers' Market or rson(s) or property that	ty Farmers' Market will not now or in the future the Lake City Betterment Association responsible at might occur during, or as a result of, the unity Farmers' Market. Name
		Date
Return completed form to:	Lake City Community	Farmers' Market
,	P.O. Box 72	
	Lake City IA 51449	

Questions? Contact: Kate Sedgwick

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