



DRAFT

Vendor application 2017

Business Name: _____

Primary Contact: _____

Street Address: _____

City/Zip Code: _____

Home phone: _____

Mobile phone: _____

E-mail address: _____

Web site: _____

Social Media: _____

Please list names of employees, partners or family members who will be selling at the market

What is your preferred method of communication?

- USPSMail E-mail Phone Text Message



ORP

Vendor application 2017

What products does your business plan to sell?

Please list all of the products and be specific, enclosing a separate sheet if necessary. If you plan to resell any products, please provide names and contact information for the farms or businesses where you will be purchasing these products.

Product(s):	Where grown/made:
_____	_____
_____	_____
_____	_____

Identify the category that best represents what your business will sell: Select no more than two.

- Produce Meat/ Eggs Dairy Floriculture
- Baked Goods Value/Added Cottage Food

Tell us more about your business. Please send a short biography- anything that you want the Farmers Market Committee and shoppers to know about you.

Please circle the dates you would like to apply to participate at the market below:

Sundays, 8 am. to 2 pm.

	June 4	July 2	Aug 6	Sept 3	Oct 1
	June 11	July 9	Aug 13	NOT OPEN	Oct 8
May 21	June 18	July 16	Aug 20	Sept 17	Oct 15
May 28	June 25	July 23	Aug 27	Sept 24	Oct 22
		July 30			



Vendor application 2017

A handwritten signature in black ink, appearing to be "D. H. F.", is written vertically on the right side of the page.

Complete EACH line item with "Yes", "No", or "N/A" (not applicable to your farm or business):

_____ I have read and understand the 2017 Vendor Rules and Guidelines. I understand and agree that I and my trained business employees will follow them, knowing that failure to do so may result in forfeiture of my site.

_____ I will provide copies of all applicable business and food licenses with this application.

_____ My farm/business has liability insurance with the Village of Paw Paw as an also insured, minimum of \$1,000,00000 I will provide a copy of my policy when my table is assigned OR

_____ My farm/ business does not have liability insurance with Village of Paw Paw as also insured. I will sign a copy of the "Hold Harmless" agreement when my table is assigned.

_____ I am willing to complete an evaluation survey at the end of each market day to provide feedback.

Market Fees: Fees are due after tables are assigned. DO NOT SEND PAYMENT WITH YOUR APPLICATION.

_____ I am interested in being placed on a wait list if not all requested dates are available.

Vendor signature: _____ Date: _____