

# Richwood Farmers Market Vendor Application



Date \_\_\_\_\_

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website/ Facebook \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

ANNUAL MEMBERSHIP FEES \$100

DAY VENDOR FEES \$10

NEW VENDOR TRIAL \$15- This gives new vendors a 3 day trial to sell at the market

**Products You Intend to Sell**—(All must be approved by Manager)

\*There is no guarantee of exclusivity for any products sold

\_\_\_\_\_  
\_\_\_\_\_

Yes  No I am an eligible vendor and will participate in the SNAP program.

Yes  No I am an eligible vendor and will participate in the WIC program.

Yes  No I am an eligible vendor and will participate in the SFMNP program.

Yes  No I carry Liability Insurance. (You must answer)

I have read the Rules and Regulations and the Code of Conduct and agree to abide by them. I understand that failure to follow the Rules and Regulations or the Code of Conduct may mean expulsion from the market.

I agree to hold harmless the Richwood Farmers Market of any liability for any accidents at the Farmers Market location or for any claims from consumers in regard to items purchased at the Market.

Signed \_\_\_\_\_

Send payment by May 1<sup>st</sup> or contact Shauna @ 740-360-6702 (text or call)  
make checks payable to: **Village of Richwood/Farmers Market**

Remit to: 153 North Franklin St

Richwood, Ohio 43344