

Richwood Farmers Market Vendor Application



Date _____

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Website/ Facebook _____

E-Mail _____

Phone _____ Alt Phone _____

Text - Yes No

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 1st or contact Shauna @ 740-360-6702 (text or call)

make checks payable to:

Richwood Farmers Market

Remit to: **NEW ADDRESS**

Richwood Civicc Center

Attn: Richwood Fatmers Market

235 Grove St.

suite 200

Richwood, Ohio 43344