Avon's Farmers' Market
2010 Vendor Application / Agreement
9am-12pm on the 1st, 3rd, and 5th Saturday of each month
Beginning June 12th through October 16.
140 Stratford St. P.O. Box 69 Avon, MN 56310 Phone: (320) 356-7922

Applicant/Vendor Name:_____

Business Name:_____

Address:_____

City/State/Zip:_____

Contact Phone (H):_____(C):_____

Email Address:_____

Additional Vendors (applicant's spouse, sibling, child, parent, business partner, employee)
_____

Please check your main Vendor Category:

- ❑ Agriculture
- ❑ Specialty foods
- ❑ Homemade food/Baking
- ❑ Home Processed
- ❑ Arts & Crafts—see NEW limits and guidelines

Please list **all** specific items you plan to sell at the Farmers' Market_____
_____
_____

Do YOU grow or produce ALL your products? Y N If not, please explain:
_____

County where crops are grown or items are produced:_____

Are your items certified organic? Y N

Are you selling any processed food item? Y N
(Please note that as of the 2010 Farmers' Market, to sell *Organic* you **MUST** be *Certified Organic*)

Are you selling any processed food item? Y N

Do you have the required license? Y N
(If you sell any processed food item, you are required to have a license from the MN Dept. of Ag, 651-296-1592 FFI.)

Stall Requested:

- 15'space
- 15' space with electricity

There is a flat, annual fee of $45 to the vendor, which includes the membership fee as well as the stall fee for the duration of the season.

If needed, please include with this application a written proof or statement of having the ST19 tax form filed and on record.

Are you a new or returning member? Y N

Amount paid on this date $_____

I hereby apply to rent a designated space at the City of Avon's Farmers' Market. I have read the 2010 Farmers' Market Rules and Regulations and agree to comply with these rules. Further, I agree to indemnify and keep indemnified the City of Avon, The City of Avon's Farmers' Market, and the Market Manager against actions, law suits, claims and demands which may be brought against or made upon them and against all loss, costs, damages and/or expenses which the City of Avon and/or the Farmers' Market may sustain, suffer, be or be put to, resulting from, arise out of or in any way incidental to the occupancy of the space rented by me.

Applicant/Vendor signature_____ Date_____

Sales tax ID Number _____

Witness/reviewed by:_____Market Manager

Make checks payable to the "City of Avon"

Mailing address: City of Avon
Attn: Farmers Market
140 Stratford St. P.O. Box 69
Avon, MN 56310

- Both pages of this vendor application.
- If needed, written proof or statement of the ST19 tax form filed and on record,
- And a payable check.
- No applications will be accepted after June 1, 2010.

For questions, please contact Tracey at (320)252-5595