



Application for the City of Northwood's 2017 FARMERS MARKET

Vendor's Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I will participate as a: Full Season Vendor Daily Vendor

~~Fees waived in 2017 \$TBD due at time of registration \$TBD per day payable each day of participation~~

In the following category: Grower / Producer Artisan / Handicrafter Food Cart

State Vendors License Number: _____
Liability Insurance Company: _____
Policy Number: _____
Food Service License Number (if applicable): _____
Organic Certification (if applicable): _____
<i>you must include copies of these items when you submit your signed application.</i>

Vehicle Make & Model: _____

Vehicle License Number: _____ Type (pickup, van, etc.) _____

List items you intend to sell: _____

List forms of payment that you accept at the market: (cash, credit, checks, vouchers, etc.) _____

If participating as a Daily Vendor, please list the dates that you will attend the market:
(Call the City of Northwood at (419) 690-1600 prior to each day that you plan to attend the Farmers Market to receive a booth assignment.)

If participating as a Full Season Vendor, please list the date that you will start attending the market:

- | | |
|---------------------|----------------------|
| Monday, August 21 | Monday, September 11 |
| Monday, August 28 | Monday, September 18 |
| Monday, September 4 | Monday, September 25 |

I have received a copy of the City of Northwood Rules & Regulations. I have read the Rules & Regulations and agree to abide by them. I understand that failure to follow the Rules & Regulations may mean exclusion from the Farmers Market.

Signed: _____ Date: _____

I agree to indemnify and hold harmless the City of Northwood and their representatives from any property damage or personal injury caused, occasioned or sustained by me or those under my control or supervision while participating in the 2017 City of Northwood Farmers Market.

Signed: _____ Date: _____