

Malcolm Farmers' Market Vendor Application

***Applications, permits, insurance, sales tax license, and all other attachments need to be received by the time of your market days. ***

Your Name (printed): _____

Business Name: _____

Address: _____

Cell Phone: () _____ **Home:** () _____

Email: _____

- Product:** _____ 1. Farm Fresh/Garden & Nursery Products including eggs, nuts, and honey.
 _____ 2. Processed Farm/ Garden Products, Or Value-Added Food.
 _____ 3. Artisan and Craft non-food items.

Type of Vendor: _____ Seasonal- please cross out any dates you CANNOT participate in.
 _____ Weekly- please circle the dates you would like to participate in.

Saturday Market Dates

June	July	August	September
10	1	5	2
17	8	12	9
24	15	19	16
--	22	26	23
--	29	--	30

List ALL products you plan to sell. If you need more space, please type, or write legible on another sheet and attach.

Generator, to keep products cold. _____ YES _____ NO

Vendor Fee: Seasonal: \$50 _____ Weekly: \$8/week X # of weeks _____ = \$ _____

By signing this application, I, as the vendor, agree to indemnify and hold harmless the Malcolm Farmers' Market, the Village of Malcolm, Market Manager, and volunteers from all causes of action which may arise from the operation of this Market, not caused by negligence of the Village of Malcolm, Market Manager, and its volunteers or sponsors. I grant permission for the Malcolm Farmers' Market to use any photos or videos taken of my products or me in all publicity and advertising to promote the Market. I, as the vendor, also agree to and understand the rules and regulations handbook and understand all terms presented in the product category and vendor type. I will provide proof of required vendor liability insurance coverage (CGL), if required, and all other required documents by the Farmer's Markets and Cottage Food Operations permitted by the Lincoln-Lancaster County Health Department (LLCHD.)

Name (Printed) _____

Name (Signature) _____

Date: _____

Weekly Vendors, if you are called to fill a spot, we will expect your payment when you arrive on site before setting up your booth.

Make checks payable to Village of Malcolm with subcategory or memo as Malcolm Farmers' Market.

Send Application, Fees, and copy of CGL along with any other permits or licenses to:

ATTN: Malcolm Farmers' Market
Malcolm Village Hall
137 East 2nd
P.O. Box 228
Malcolm, NE 68402