



Owen County Farmers' Market

PO Box 650 Spencer, IN 47460
www.owencountyfarmersmarket.com
info@owencountyfarmersmarket.com
2015 Market Board President, Dan Browning

2015 Value Added Food Addendum Contract

Value Added Foods include any foods altered from their original state including, but not limited to, meats, honey, maple syrup, sorghum, breads, candies, jams, prepared foods, etc. Please fill out completely. Additional pages may be included if necessary. Print or type all information clearly.

Vendor Information

Name of Primary Vendor: _____
First Last M.I.

Name(s) of Additional Vendors: _____

Name of farm or business _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code County

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

Email _____ Website _____

Vendor Ages _____
Age 0-16 Age 17-59 Age 60+

Stand Assistant (stand assistant is a person who is not a qualified Market vendor, but is allowed to assist vendor at the Market)

Print full name of Stand Assistant Phone Number

Market Participation

- Full Season booth rental is \$150 for May 2, 2015 through October 3, 2015. Payment is due by May 2, 2015.
- Seasonal (11 weeks) booth rental is \$120. Payment is due before first market vendor will be attending.
- Daily booth rental is \$15 and is due on or before the Saturday the booth is to be rented (If vendor decides, after renting a booth for one day to participate for a full or seasonal season the rental fee of \$15 will be applied to the total rental.

Production Facility and Products

For MEAT and DAIRY Vendors list number and type of animals you keep currently for Market purposes

Type of Animal *Count* _____
Type of Animal *Count* _____
Type of Animal *Count* _____

Type of Animal *Count* _____
Type of Animal *Count* _____
Type of Animal *Count* _____

Name of processor _____

Location of plant _____

List primary products you expect to sell at the Market in 2015

1 _____ 4 _____ 7 _____

2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

License, Permit and Permission Information

List expiration date and permits issued by regulatory agencies, as required. Vendor is required to produce a copy of license at the Market and attach the appropriate permit/license to the Contract.

Dairy Permit _____

Temporary Food Permit for non HBV _____

Other _____

*Liability Insurance for value added products **required** _____

Identify the location(s), if applicable, where items are gathered and attached permission of property owner where gathered.

Would you give the Market permission to release your name, address, telephone number, e-mail and website to customers interested in contacting you for information and/or special orders?

YES

NO

Terms of Agreement: It is understood and agreed by the acceptance of this contract and by being permitted by the Owen County Farmers Market (hereinafter Market) to offer items for sale

at Rob Babbs' lot, the Vendor hereby assumes the entire responsibility and liability for any and all damage and injury to persons or property resulting from or arising out of any act or omission on the part of Vendor in connection with Vendor being at the Market and operating under this contract. Vendor shall hold harmless and indemnify the Market, Rob Babbs, and Owen County and Commissioners of Owen County from and against any and all suits, claims, demands, losses, expenses, attorney's fees and court costs, which either or both of them may suffer, pay or incur as a result of Vendor's presence and operation at the Market. Vendor shall be responsible under this paragraph for any such loss, damage or injury sustained by Vendor, any agent or representative of Vendor, or by any third party or member of the public, whether the same is caused by the negligence of the Market, Rob Babbs, Owen County, its officers, agents, employees or otherwise. Vendor is to obtain liability insurance with limits of 500/1M and provide the Market with a Certificate of Insurance listing the "Owen County Farmers Market" as an additional insured.

As additional consideration for the right to participate in the 2015 Owen County Farmers Market (hereinafter "Market"), the undersigned vendor(s) (hereinafter "Vendor") agree to the Value Added Foods Addendum which is incorporated by reference and made between Vendor and Market.

Primary Vendor's Signature

Date

Please attach copies of all appropriate paperwork.

- Manufactured Grade Milk and/or Milk Processors Permit
- Temporary Food Vendor Permit and/or Mobile Food Vending Permit for non HBV from the Owen County Health Department (if not required, attach letter from Health Department stating the same)
- Certificate of Insurance with the minimum limits of 500/1M listing the "Owen County Farmers Market" as an additional insured. This must be provided with the Farm Vendor Contract.
- Meat processing: Please provide the location and name of the plant. **Home butchered poultry must** include process and handling steps of butchered meat
- Additional Attachments – Please Specify

FOR OFFICE PURPOSES ONLY

Received Approved Denied Notification

Payment Received

Cash Check No. _____ Amount \$ _____ Date _____ Initials _____

Market Board Member's Signature

Date

Market Manager's Signature

Date