



# Owen County Farmers' Market

PO Box 650 Spencer, IN 47460  
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Market Manager, Brittney Hogan 812.821.7128

## 2017 Vendor Contract

**Please fill out completely.** Additional pages may be included if necessary. Print or type all information clearly. Please check all that apply to the type of booth space requesting.

- Farm Vendor    Artisan Craft Vendor    Food Vendor    Direct Sales *(only Winter Market)*

### Vendor Information

Name of Primary Vendor: \_\_\_\_\_  
*First Last M.I.*

Name(s) of *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 and Phone Number*

\_\_\_\_\_  
*Print full name of Stand Assistant and Phone Number*

Name of farm or business \_\_\_\_\_

Address: \_\_\_\_\_  
*Physical Address Apartment/Unit #*

\_\_\_\_\_  
*(Mailing Address if different than Physical Address)*

\_\_\_\_\_  
*City State ZIP Code County*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Market Participation (PAYMENT DUE BEFORE VENDING)

- Full Season booth rental is \$150 for May 6, 2017 through October 21, 2017.
- Seasonal (12 weeks) booth rental is \$120.
- Daily booth rental is \$15. 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.
- Winter Market, Daily booth rental is \$10.

**Owner of Land or Production Facility FOR FARM VENDORS**

If owner is not primary vendor, list complete name, phone number and address of landowner.

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
*First Last*

Mailing Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State ZIP Code*

Size of Growing Area \_\_\_\_\_ Acres

Greenhouses \_\_\_\_\_  
*Location Size Number of*

Greenhouses \_\_\_\_\_  
*Location Size Number of*

**For MEAT, DAIRY and EGG 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 \_\_\_\_\_

**Art/Craft Process FOR ARTISANS – photos sampling the product must be included with contract**

**Description of art/craft and the process by which it is made, including measurement**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Direct Sales Consultants (booths only available for the Winter Market)**

**Name the distributor you represent** \_\_\_\_\_

**Products**

**List primary products you expect to sell at the Market in 2017**

1 \_\_\_\_\_ 4 \_\_\_\_\_ 7 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_ 8 \_\_\_\_\_

Price range of products \_\_\_\_\_

Check to permit production of photos for publicity

**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.**

- Manufactured Grade Milk and/or Milk Processors
- Egg License Permit
- Meat processing: Please provide the location and name of the plant. Home Butchered poultry must include process and handling steps of butchered meat.
- Temporary Food Permit for Home Based Vendors (HBV) from Owen County Health Department
- Certificate of Insurance with the minimum limits of 500/1M listing the "Owen County Farmers Market" as an additional insured. This is required by the STATE for any Home Based Vendor (HBV)

**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**

In consideration of my participation in the Owen County Farmers' Market and the opportunity to sell certain merchandise at Rob Babbs' lot in Spencer, Indiana, I hereby release the Owen County Farmers' Market, Rob Babbs, Owen County, Commissioners of Owen County, IN, and all of their agents, officers, representatives, successors and assigns, from any present and future claims, including negligence, for property damage, personal injury or death arising from my participation in the Farmers Market. I hereby knowingly and voluntarily waive any right of cause of action, of any kind whatsoever, arising as a result of any such activity from which any liability may accrue.

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, 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.

By vendor signing the 2017 Vendor Contract, they agree to abide by the Owen County Farmers Market Rules. A complete copy of the Rules can be provided upon request to the Market Master.

\_\_\_\_\_  
*Primary Vendor's Signature*

\_\_\_\_\_  
*Date*

Please attach copies of all appropriate paperwork.

**FOR OFFICE PURPOSES ONLY**

- Received
- Approved
- Denied
- Notification

**Payment Received**

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

\_\_\_\_\_  
*Market Manager's or Market Board Member's Signature*

\_\_\_\_\_  
*Date*