

## **Owen County Farmers' Market**

PO Box 650, Spencer, IN 47460 www.owencountyfarmersmarket.com marketmanager@owencountyfarmersmarket.com President, Chris Pashley, (812) 585-1947 Market Manager, Lori Fender, (253) 459-3339

## **2024 Vendor Contract**

Please fill out as completely as possible. Additional pages may be included. PRINT or type all information clearly.

	Vend	or Information	า		
□ Farm Vendor	☐ Artisan/Craft Vendor	□ Food Vendor	□ Other	_	
Name of Primary	Vendor:				
		First		Last	
Name(s) of Stand	d Assistant (Print full nam	e and phone num	ber):		
	Business:				
Address:	Physical Address			Apartment/Unit #	
	(Mailing Add	ress if different th	an Physical A	Address)	
	City	State 2	ZIP Code	County	
Home Phone:Cell Phone(s):					
Email:		Website:			
Emergency Cont	act: Name:		_ Phone:		
IV	larket Participation (	Payment Due	Before Ve	ending)	
May 4, 2024 through Sept 28, 2024, 8:30am – 12:00pm Location: Babbs Supermarket west-side lot, 459 W. Morgan St. (SR 46) Spencer Indiana 47460 (NOT closed Apple Butter weekend)					
☐ FULL SEASO	ON booth rental: \$150				
☐ <b>DAILY</b> booth	rental: \$15 per week				

**Note:** Although payment for a full season booth is requested prior to the start of the market, new vendors who wish to try out the market may pay the daily rate for the first one or two weeks, with the remainder of the full season rate due by their third market date.

## **Farm and Garden Vendors**

Qualifying vendors must grow or produce their own product (no reselling or co-packers).

Related farms, fields, and greenhouses must be located within 100 miles of Owen Co.

List the name and contact for the primary owner of the land or greenhouse.

Land Owner:		Phone Number:					
	First	Last					
Land Owner's Ma	ailing Address:						
Location:							
	Physical /	Address	Acres or Number of Greenhouses				
Location:	Physical Address		Acres or Number of Greenhouses				
		Meat, Dairy, Eg	g Vendors				
List nur	nber and type	of animals you cu	ırrently keep	for Market purpos	es.		
Animal Type	Count	Animal Type	Count	Animal Type	Count		
Animal Type	Count	Animal Type	Count	Animal Type	Count		
Name of Process	or:						
Address of Plant:							
		Artisan and Cra	ft Vendors				
handmade by the	vendor. Photo		ts must be in	gh-quality workmans cluded with contract ale.			
List primary prod	ucts you expec	t to sell at the Mark	et:				
1:		2:	3:	·			
4:		5:	6:	·			
7:		8:	9:	:			
Prepared	Food Vend	ors (Ready to E	at, Packag	ed, and Baked (	Goods)		
		dor to know of and expect to sell at the		nave all required Sta	ite licenses.		
1:		2:	3:				
1.		5.	6:				

## Licenses, Permits, and Permissions

Vendors are required to attach a copy of license(s) and permits to this Contract.
<ul> <li>□ Manufactured Grade Milk and/or Milk Processors - Expiration Date:</li> <li>□ Egg License Permit - Expiration Date:</li> <li>□ Meat processing – Name/Location of Processor:</li> <li>□ Prepared Food Vendors - Temporary Food Permit from Owen Co. Health Department</li> <li>□ Prepared Food Vendors – ANSI Accredited Food Handlers Permit (NEW – required by state)</li> <li>□ Prepared Food Vendors – I certify that I have read and agree to the requirements in the Home-Based Vendor Addendum</li> <li>□ Certificate of Liability Insurance listing the "Owen Co Farmers Market" as an additional insured. Recommended, but not required. Note: per Terms of Agreement, Owen County Farmers Market does not cover any liability claims made against individual vendors.</li> </ul>
Terms of Agreement
In consideration of my participation in the Owen County Farmers Market and the opportunity to sell merchandise at Babbs' Supermarket lot in Spencer, Indiana, I hereby release the Owen County Farmers' Market, Babbs Supermarket, Rob Babbs, Owen County, Commissioners of Owen County, 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 Babbs' Supermarket 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 being at the Market and operating under this contract. Vendor shall hold harmless and indemnify the Market, Babbs Supermarket, Rob Babbs, Owen County, and the 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. The 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, Babbs Supermarket, Rob Babbs, Owen County, its officers, agents, employees, or otherwise.  By signing the Vendor Contract, the Vendor agrees to abide by the Owen County Farmers Market Rules. A complete copy of the Rules can be provided upon request from the Market Manager.
Primary Vendor's Signature:Date:
<ul> <li>□ Copies of relevant licenses, permits, insurance attached.</li> <li>□ Photos of arts/crafts attached.</li> <li>□ I give the Market permission use my name, business name, Website/Facebook page, email, photographs, videotapes, or images of me or my items for any and all purposes.</li> </ul>
FOR OFFICE PURPOSES ONLY
Application: ☐ Approved ☐ Denied ☐ Withdrawn ☐ Terminated: Reason:
Payment Received:   Cash Check Amount \$  Date:
Market Manager's Signature: Date: