



Owen County Farmers' Market

PO Box 650, Spencer, IN 47460

www.owencountyfarmersmarket.com

marketmanager@owencountyfarmersmarket.com

2021 President, Mickeela Fair Eads, (812) 821-0932

Market Manager, Tamara Bingham, (812) 606-6505

2021 Vendor Contract For Summer Market

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

Vendor Information

Farm Vendor Artisan/Craft Vendor Food Vendor Other _____

Name of Primary Vendor: _____
First Last

Name(s) of Stand Assistant (Print full name 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(s): _____

Email: _____ Website: _____

Market Participation (Payment Due Before Vending)

SUMMER MARKET, May 1, 2021 through September 25, 2021, 8:30am – 12:00pm

Location: **Babbs** Supermarket west-side lot, 459 W. Morgan St. (SR 46) Spencer Indiana 47460
(Closed Apple Butter weekend – September 18, 2021)

FULL SEASON booth rental: **\$150**

DAILY 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 the third market (May 15, 2021).

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 Mailing Address: _____

Location: _____
 Physical Address Acres or Number of Greenhouses

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 Physical Address Acres or Number of Greenhouses

Meat, Dairy, Egg Vendors

List number and type of animals you currently keep for Market purposes.

_____ _____ _____ _____ _____ _____
 Animal Type Count Animal Type Count Animal Type Count

_____ _____ _____ _____ _____ _____
 Animal Type Count Animal Type Count Animal Type Count

Name of Processor: _____

Address of Plant: _____

Artisan and Craft Vendors

Artisans' work must be original art or applied crafts that are of high-quality workmanship, preferably handmade by the vendor. Photos of sample products must be included with contract and will be juried by the Farmers Market Board before being accepted for sale.

List primary products you expect to sell at the Market:

1: _____ 2: _____ 3: _____
 4: _____ 5: _____ 6: _____
 7: _____ 8: _____ 9: _____

Prepared Food Vendors (Ready to Eat, Packaged, and Baked Goods)

It is the responsibility of the Vendor to know of and ensure they have all required State licenses.
 List primary prepared foods you expect to sell at the Market:

1: _____ 2: _____ 3: _____
 4: _____ 5: _____ 6: _____

Licenses, Permits, and Permissions

Vendors are required to produce a copy of license(s), permits, and insurance at the Market, and to attach the same to this Contract.

- Manufactured Grade Milk and/or Milk Processors - Expiration Date: _____
- Egg License Permit - Expiration Date: _____
- Meat processing – Name/Location of Processor: _____
- Prepared Food Vendors - Temporary Food Permit from Owen Co. Health Department
- Certificate of Liability Insurance with minimum limits of \$500/1M listing the “Owen Co Farmers Market” as an additional insured. **Required for Prepared Food Vendors** and recommended for other vendors.

Terms of Agreement

In consideration of my participation in the Owen County Farmers Market and the opportunity to sell certain 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:** _____

- Copies of relevant licenses, permits, insurance attached. Photos of arts/crafts attached.
- 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.

FOR OFFICE PURPOSES ONLY

Application: Approved Denied Withdrawn Terminated: Reason: _____

Payment Received: Cash Check _____ Amount \$ _____ Date: _____

Market Manager’s Signature: _____ Date: _____

Market Board Member’s Signature: _____ Date: _____