

**Lake City Community Farmers' Market
2017 Vendor Application Form**

Name _____

Name of business _____

Address _____

Daytime phone _____ Evening phone _____

E-mail _____

Description of products you will be selling:

What special space requirements do you have? (For example, do you need electricity? Do you need space to sell from the back of a vehicle or from a trailer?)

Are you a certified organic producer? Yes No

Do you participate in the Farmers' Market Senior Nutrition Program (FMSNP)? Yes No

Vendor fees for the 2017 market season (choose one category):

____ 1 week \$6.00

____ 6 weeks \$25.00 (weeks do not need to be consecutive)

____ Season (14 weeks) \$45.00 (includes a reserved spot in the market)

I enclose a check in the amount of _____

(Make check payable to: *Lake City Farmers' Market*)

I will pay in full on the first day that I sell at the Lake City Community Farmers' Market

(Vendor fees not paid in advance are due on market day before the market opens.)

(OVER)

SIGNATURE OF APPLICANT

I have read and agreed to abide by all terms and conditions stated in the Vendor Information and Rules and Regulations of the Lake City Community Farmers' Market.

Name _____

Date _____

PESTICIDE AFFIDAVIT

The undersigned vendor at Lake City Community Farmers' Market states that all pesticides used in the production of all items offered for sale have been applied in accordance with current rules of the U.S. Environmental Protection Agency and the Iowa Department of Agriculture and Land Stewardship and that no illegal residues remain on or in the items.

Name _____

Date _____

WAIVER OF RESPONSIBILITY

The undersigned vendor at the Lake City Community Farmers' Market will not now or in the future hold the Lake City Community Farmers' Market or the Lake City Betterment Association responsible for any loss or damage to person(s) or property that might occur during, or as a result of, the organization and operation of the Lake City Community Farmers' Market.

Name _____

Date _____

Return completed form to: Lake City Community Farmers' Market
P.O. Box 72
Lake City IA 51449

Or to: marquita_klaver@wycliffe.org

Questions? Contact: Marquita Klaver
Phone: 712-464-3256
E-mail: marquita_klaver@wycliffe.org