

**ST. CLOUD AREA FARMERS MARKET**  
**2017 Guest Vendor Application Form**

Name of Business/Farm/Individual Seller: \_\_\_\_\_

Owner/s' Name/s: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

\*Insurance Company and Policy Number (attach a copy of policy) \_\_\_\_\_  
 (\*Proof of product/liability insurance will only be required if you will be bringing a **food** product)

I am applying to be a Guest Vendor at the 2017 SCAFM on the following date(s):

May 6	June 3	July 1	August 5	September 2	October 7
May 13	June 10	July 8	August 12	September 9	October 14
May 20	June 17	July 15	August 19	September 16	October 21
May 27	June 24	July 22	August 26	September 23	October 28
		July 29		September 30	

**OR:** I don't know which dates I would like to be a Guest Vendor, but I want to pre-pay in full for \_\_\_\_ Saturdays at \$20/Saturday.

**OR:** Guest Vendor spots are 10 linear feet (\$20/Saturday). However, a limited number of 15-foot spots (\$25 per Saturday), and 20-foot spots (\$30 per Saturday), are also available on a first-requested basis. Indicate if you wish the added space: \_\_\_\_\_.

**OR:** I would like to sell out of a Seasonal Vendor's space. The vendor that I have made arrangements with is: \_\_\_\_\_.

A seasonal charge of \$50 (in lieu of \$20/Saturday) applies to this option.

**OR:** I am a local artist/author who would like to take advantage of the St. Cloud Area Farmers Market's new "starving artist/author" program of one **free trial** Saturday on: \_\_\_\_\_

➤ Describe in detail ALL ITEMS you hope to bring:

How will your product(s) enhance our Farmers Market? \_\_\_\_\_

Describe any required licensing: \_\_\_\_\_

Note: Guest vendors bring their own table, chairs, canopy, and all other required supplies.

**Complete and e-mail this form to: [fmhaws@yahoo.com](mailto:fmhaws@yahoo.com)**

**As soon as we receive your Guest Vendor Application, we will confirm your approval and the availability of your selected date/s; you will then have 5 days to mail your payment of \$20 for each approved date, along with your signed Application Form, plus copies of any required insurance, licenses and Form ST19.**

All Guest Vendor spots will be filled on a *first-requested basis*. All fees paid are non-refundable.

I understand that I will *only* be permitted to bring the item/s listed on this Agreement

\_\_\_\_\_  
 (Guest Vendor's Signature)

\_\_\_\_\_  
 (Date)

