

ST. CLOUD AREA FARMERS MARKET
2018 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 2018 SCAFM on the following date/s:

May 5	June 2	July 7	August 4	September 1	October 6
May 12	June 9	July 14	August 11	September 8	October 13
May 19	June 16	July 21	August 18	September 15	October 20
May 26	June 23	July 28	August 25	September 22	October 27
	June 30			September 29	

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

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)