

# ST. CLOUD AREA FARMERS MARKET

## 2019 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 2019 SCAFM on the following date/s:

|        |         |         |           |              |            |
|--------|---------|---------|-----------|--------------|------------|
| May 4  | June 1  | July 6  | August 3  | September 7  | October 5  |
| May 11 | June 8  | July 13 | August 10 | September 14 | October 12 |
| May 18 | June 15 | July 20 | August 17 | September 21 | October 19 |
| May 25 | June 22 | July 27 | August 24 | September 28 | October 26 |
|        | June 29 |         | August 31 |              |            |

**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: \_\_\_\_\_ (with the expectation of the purchase of an additional Saturday/s).

➤ 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)

\*Ask us about special rates for frequent vending (e.g., Ask how you might receive a discounted rate and other amenities for attending 10 or more times).