

ST. CLOUD AREA FARMERS MARKET 2020 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 2020 SCAFM on the following date/s: (circle dates)

May 2 nd	June 6 th	July 4 th	August 1 st	September 5 th	October 3 rd
May 9 th	June 13 th	July 11 th	August 8 th	September 12 th	October 10 th
May 16 th	June 20 th	July 18 th	August 15 th	September 19 th	October 17 th
May 23 rd	June 27 th	July 25 th	August 22 nd	September 26 th	October 24 th
			August 29 th		October 31 st

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-request basis. Indicate if you wish the added space: _____

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 exception of the purchase of an additional Saturday/s).

Describe in detail **ALL ITEMS** you hope to bring: _____

How will your product(s) enhance our Farmer's Market: _____

Describe any required licensing, facility inspections, certifications, etc: _____

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

Complete and e-mail to: cherisauerer@albanytel.com or mail to: Cheryl Sauerer 32672 County Road 156, Avon MN 56310
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, certifications, inspections, and Form ST19.

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

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

 (Guest Vendor's Signature)

 (Date)

All vendors are expected to be ready to sell at 8:00 a.m. and stay the duration of the SCAFM, and not start to teardown or leave before noon, without prior approval. No solicitations/promotion for customers or vendors, verbal or written, of any other Farmer's Market within a 10 mile radius and operating on the SAME DAY as the SCAFM will be allowed on site during the operation hours of any SCAFM event. Violation of these standards will terminate this Agreement.