



## 2021 Vendor Application

Vendor Name (Farm/Business Name): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website/Facebook/Instagram: \_\_\_\_\_

I am a: (check all that apply, circle the one that is the majority of your sales)

\_\_\_\_ Farmer/Grower

\_\_\_\_ Baker

\_\_\_\_ Produce Reseller

\_\_\_\_ Other (list) \_\_\_\_\_

List all the items you intend to sell at the Graham Farmers Market. You can be general. (e.g. eggplant, instead of listing each variety of eggplant you grow.) Attach additional sheets as needed.

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Farm Information (produce/nursery/cut flower growers only)-please provide the address or locations where your products are grown: \_\_\_\_\_

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Bakers and Retail Information (pies/cakes/jellies/candles) **All bakers are required to present a Food Handlers license upon approval of application.** For bakers, please provide the address or locations where your products are made: \_\_\_\_\_

### General Market Information

**\*The market season runs every Saturday from the 1<sup>st</sup> weekend in May to the last weekend in September.**

**\*The market opens at 8:30am and closes at 11:30am. You must be set up and ready to sell at 8:30am (no sales prior to 8:30am) and stay the duration of the market.**

**\*There will be “roll call” each Tuesday prior to the upcoming market. You must check in to get you reserved spot.**

**\*A \$50/year membership fee is required to participate. This fee goes to upkeep of our facility, marketing, insurance and participation in events outside of the normal market days.**

**\*Vendors are responsible for set-up and removal of their own products and supplies in their assigned spots.**

**Please select the market plan that best suits your needs:**

\_\_\_\_\_ **Seasonal Plan**

**\*\$10/week set-up fee**

**\*75% attendance required**

**\*preferred spots reserved**

\_\_\_\_\_ **Spot Plan**

**\*\$25/week set-up fee**

**\*no attendance requirement**

**If you are unable to fulfill the 75% attendance requirement on the Seasonal Plan you will be moved to the Spot Plan upon review by the Graham Famers Market Board of Directors.**

## **Insurance and Indemnity**

All authorized vendors participating in the Graham Farmers Market (GFM) shall be individually and severally responsible to GFM, the City of Graham (the City), and Young County (the County) for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendor's negligence or that of its servants, agents, and employees. All vendors hereby agree to indemnify and save GFM, the City and the County harmless from any loss, cost, damages, and other expenses, including attorney's fees, suffered or incurred by GRM, the City and the County by reasons of the vendor's negligence or that of its servants, agents and employees; provided that the vendors shall not be responsible nor required to indemnify GFM, the City or the County for negligence of GFM, the City and the County, its directors, volunteers, servants, agents or employees. No insurance is provided by GFM to participants in GFM.

I hereby certify that I have read and understand the Graham Farmers Market rules, and I agree to abide by the rules. I have read the Cottage Law and agree that sellers are responsible for abiding by all Texas State and Federal health and safety regulations. I acknowledge full responsibility for all my activities in GFM, and for those assisting me throughout the term of this season's market. I agree to follow the directions of the Market Manager. I further agree that if there is an issue that needs resolution during the season, the Graham Farmers Market Board of Directors will make the final determination, and I agree to abide by the Board's decision. The Market Manager may at his or her sole discretion allow me to sell on a provisional basis until a final determination is made. I certify that the information contained in the application is true and accurate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

For office use only:

Date received: \_\_\_\_\_ Approved by: \_\_\_\_\_

Approval date: \_\_\_\_\_

\$50 Vendor Fee Collected: \_\_\_\_\_

Food Handler License Collected: \_\_\_\_\_