



Food Vendor Application The Albertville Farmers' Market

First Name: _____ Last Name: _____

I am applying as a (please check one):

Prepared Food Vendor Food Truck Vendor

Farm/Business Name: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Address of production (if different from above): _____

Space Required: Lenth: _____ Width: _____

Fees: \$15 per market attended; paid to Market Manager day of market.

Please list products you intend to sell at the market: (Only products listed are allowed to be sold. Use the back of this form or attach additional sheets if necessary.)

If you require electricity, please include number of amps below as well.

Please submit Alabama Sales Tax Electronically at the following websites:

www.alatax.com or www.revenue.alabama.gov

Please read the Marshall County Health Department information attached and post at your food booth/truck. A copy of your Health Department Permit is required with your application.

Indemnification:

By participating in the market, all vendors shall be individually and severally be responsible to The Albertville Farmers Market, the City of Albertville, the Market Manager and the Market Advisory Committee for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendors' negligence or that of its servants, agents or employees. All vendors hereby agree to indemnify and save the owners of the Albertville Farmers Market, the Market Manager and the Market Advisory Committee harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by the owners of the Albertville Farmers Market, the Market Manager and the Market Advisory Committee by reason of the vendor's negligence or that of its servants, agents or employees.

Applicant Statement:

I agree to abide by the Rules/Guidelines of the Albertville Farmers Market and to obtain all applicable permits and licenses; to assist in the inspection of my crops by agents of the market and/or the Alabama Farmers Market Authority (where applicable); *to sell only agricultural products from my farm* (where applicable); or to sell only products produced by myself and/or my employees. I further agree not to hold the Market responsible for any damages arising out of the sales of my products.

Signed: _____

Printed Name: _____ Date: _____

Please read and sign. Return to Robin Gore, Market Manager, POB 1248, Albertville, AL 35950, 256-891-8202, marketmanager@cityofalbertville.com Please make checks payable to City of Albertville, Farmers' Market.

Certified by:

Signed: _____

Printed Name: _____ Date: _____

Albertville Farmers' Market Manager
116 W. Main Street
P.O. Box 1248
Albertville, AL 35950
marketmanager@cityofalbertville.com
256.891.8202