



Produce and/or Craft Vendor Application The Albertville Farmers Market

First Name: _____ Last Name: _____

Farm/Business Name: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Farm Address (if different): _____

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.)

Farm Products:

Crafts: (The Albertville Farmers Market will limit this to 30% of total vendors in attendance. Farm vendors who sell crafts must list crafts and are limited to 30% of total products as crafts.)

Crafts:

**Fees: \$15 per market attended; paid to Market Manager day of market. (\$10 per Craft/Specialty Vendor)
\$300 for full market season; paid before May 2, 2019. (produce vendors only)**

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 Farmers 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 Farmers 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 Farmers 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 Lathan, Market Manager, P.O. Box 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