

**Alliance Farmers' Market – WEEKLY VENDOR
2010 Registration Form**

Please Print:

Name: Last First Farm Name

Address: Street City Zip Code

Home/Work Phone Cell Phone E-Mail Address

Please list individually the items you will sell: _____

Please send payment (cash, check or money order) and forms to: Ginny Daniel, 1046 Federal Ave., Alliance, OH 44601 prior to the day you wish to attend OR you may pay the Market Manager at the site the day of the market. Please make checks payable to: Alliance Farmers' Market.

Fee: \$10/Weekly Market Space - Weekly vendor spaces will not be held unless they have been pre-paid for the week of the market you wish to attend. Available spaces will vary from week to week. A market space is equal to two (2) parking spaces. If additional space is needed, a second market space must be purchased. **Please see Site Map for space identification numbers. ****

- Weekly vendors **MUST** register at least one week prior to coming to the market. **Vendors may not show up without prior registration.** Weekly vendors must check in with the market staff to be assigned an available space.
- An open space does not necessarily indicate that it is available for rental.
- The market fee must be paid prior to Vendor set up.
- Vendor agrees to abide by the Guidelines. Failure to do so will be cause for removal from the Market.

Please indicate the weeks you wish to participate by putting an "X" in the box next to the date.

June 19	July 17	Aug. 14	Sept. 11	Oct. 9
June 26	July 24	Aug. 21	Sept. 18	Oct. 16
July 3	July 31	Aug. 28	Sept. 25	
July 10	Aug. 7	Sept. 4	Oct. 2	

** 1st choice of spaces _____ 2nd choice of spaces _____ 3rd choice of spaces _____

Barnett Insurance Agency in Alliance has a Vendor Insurance Program policy that is available to any of you who don't have insurance that covers you at our market. The cost of the policy is \$350 for a 6 month period (which would cover our season), but the cost can be divided among vendors. The **minimum** amount per vendor is \$50 (in other words, if seven vendors are interested in signing on for the policy, the cost would be \$50 per vendor; if only five vendors want to sign on, it would be \$70 per vendor; and if three vendors were to sign on it would be \$116.66 per vendor; and if ten vendors are interested it would still be \$50 per vendor)

Please indicate below whether you are interested in finding out more about this policy.

_____ I am interested in more information _____ I am **NOT** interested in more information

PLEASE READ THE FOLLOWING WAIVERS AND SIGN BELOW:

Participation Waiver:

I, _____, as a participant in this program sponsored by the Alliance Farmers' Market (AFM) and the City of Alliance, hereby agree to market my produce/products at the Farmers' Market and, furthermore, agree to indemnify and hold harmless the AFM, and the City of Alliance and its administrators, employees or agents against any claim for injury to persons or property, which may result from my/my agent's participation in this activity. I agree that I/my agent shall abide by the rules and regulations issued by the AFM and the City of Alliance. Finally, I understand that by registering for this program, I agree to allow publication of any photos taken at any program, event or facility associated with the Alliance Farmers' Market.

Statement of Understanding Regarding Applicable Codes, Taxes and Liability Insurance:

All vendors are independent entities and, as such, are responsible for compliance with local codes and for paying all applicable taxes and/or federal, state and local fees. Check local, state and other applicable regulations and see how they apply to you. Although not required, it is highly recommended that each vendor carry his or her own personal and product liability insurance.

I have read and understand the above.

Signature

Date