

Logan County Farmers Market - 2019 Vendor Application

Please complete and return this form with your payment. Completion of this form along with your signature serves as acknowledgement that you have read, understand, and will abide by the Rules & Regulations of the Logan County Farmers Market, and state cottage industry laws.

Fees for the season are \$110 for one space or \$220 for a maximum of two spaces.
Daily rent for one space is \$25 per day, capped at \$125.

Name: _____ Farm/Business Name: _____

Address: _____

Website or Facebook: _____ Email: _____

Phone: _____ Cell: _____ \$ Enclosed _____

Would you like to be listed on the Producer Directory on locofood.org? YES NO

Indicate days of market participation (please check):

May	June	July	August	September
4 <input type="checkbox"/>	1 <input type="checkbox"/>	6 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
11 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	10 <input type="checkbox"/>	14 <input type="checkbox"/>
18 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	17 <input type="checkbox"/>	21 <input type="checkbox"/>
25 <input type="checkbox"/>	22 <input type="checkbox"/>	27 <input type="checkbox"/>	24 <input type="checkbox"/>	28 <input type="checkbox"/>
	29 <input type="checkbox"/>		31 <input type="checkbox"/>	

Product(s) expected to have at Market (for advertising purposes): _____

Do you bring your product in a (circle one): Pickup Truck Trailer Car or SUV Box Truck

Special requests or Comments (neighbor request, row side request, etc): _____

Required: proof of **\$1,000,000 product liability insurance** for your business - **enclose a copy.**

In signing this form, I hereby acknowledge that I understand and will abide by all rules and regulations of the farmers market as well as all local and state regulations pertaining to food production and retail. I also know that I will be held liable for any legal charges pertaining to my product and have insurance to cover my business in case of a lawsuit.

Signature _____

Print _____

Please send and make checks payable to:
Logan County Farmers Market
Po Box 3 Bellefontaine, OH 43311



Any questions? Contact: Alyssa at 937-935-8773

Or email at manager@logancountyfarmersmarket.com

www.logancountyfarmersmarket.com