

Logan County Farmers Market - 2020 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 _____ **Are you interested in connecting with local restaurants to sell your products?** (Circle One) Yes or No

Please rank your preferred way of getting information from LCFM (1: Best method-5: Least Preferred):

_____ E-Mail _____ Phone (Call or Text) _____ Paper _____ Social Media (FB or Insta) _____ Other: _____

Indicate days of market participation (please check):

May	June	July	August	September
2 <input type="checkbox"/>	6 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	5 <input type="checkbox"/>
9 <input type="checkbox"/>	13 <input type="checkbox"/>	11 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
16 <input type="checkbox"/>	20 <input type="checkbox"/>	18 <input type="checkbox"/>	15 <input type="checkbox"/>	19 <input type="checkbox"/>
23 <input type="checkbox"/>	27 <input type="checkbox"/>	25 <input type="checkbox"/>	22 <input type="checkbox"/>	26 <input type="checkbox"/>
			29 <input type="checkbox"/>	

**Be sure to look closely at market attendance section of rules and regulations*

Product Category(ies):

- | | | |
|---|---------------------------|-----------------------------|
| ___ Produce | ___ Bread | ___ Specialty Cottage Foods |
| ___ Meat (Fish, Pork, Beef, Chicken,
Other: _____) | ___ Herbs/Herbal Medicine | (GF, paleo, etc) |
| ___ Cottage Foods | ___ Body Products | ___ Made to Order Foods |
| | ___ Eggs | ___ Other: _____ |

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

Do you bring your product in a (check 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: MacKenzie 937-597-3410 or email at manager@logancountyfarmersmarket.com

www.logancountyfarmersmarket.com