

Yachats Farmers Market PO Box 181 Yachats, OR 97498 www.yachatsfarmersmarket.webs.com YachatsFarmersMarket@live.com	2017 Vendor Application and Agreement	Office Use Only	
		Date Received:	
		Fee Paid:	
		Licenses/Permits/Insurance:	
		Approval Date	
		Other:	

This application is for the Yachats Farmers Market

VENDOR INFORMATION

PLEASE PRINT CLEARLY

Vendor Name:		
Business or Farm Name:		
Address:		
City	State	Zip
Mailing Address if different:		
Home Phone:	Cell:	
Email:		
Website:		

WEBSITE INFORMATION www.YachatsFarmersMarket.webs.com
 Vendors are responsible for (and encouraged to) logging in and posting information and photos on the YFM website, Facebook, and other Farmers' Market related business.
Please attach product(s) photos and description to your application.

I authorize the Market to post my name and email address on the Market's website and to provide this information to customers who request it.	Yes	No
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EMERGENCY CONTACT		
Name	Phone	Relationship

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Vendor Type:

Agriculture Vendor (please describe products you intend to sell). New vendors must include photos of some product/location grown/processed.

Food Vendor (please describe in detail) – New vendors must include photos of all products.

Artisans / Crafters (please describe in detail) –New vendors must include photos of all products.

If you wish to add items not listed on your application after the market starts, you must submit an amendment to your application and items must be approved prior to being offered for sale.

Vendor fees:

- All spaces \$15.00 weekly (approximately 10x10)
- Yearly membership fee \$15
- Please indicate number of spaces needed_____

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SPECIAL NEEDS / REQUESTS

LICENSE, PERMIT AND INSURANCE REQUIREMENTS

Please refer to the **Market Rules** to assure all required licenses, fees and insurance documents are submitted with your application. Reminder: **Applications submitted without copies of required licenses and insurance documents are considered incomplete and will not be reviewed by the jury committee.**

MARKET ATTENDANCE

Please indicate which market days you expect to attend:

RED indicates special Market day – Saturday 4th of July and Saturday Oct 17th (Mushroom Festival)

May	June	July	Aug	Sept	Oct
14	4	2	6	3	1
21	11	4	13	10	8
28	18	9	20	17	15
	25	16	27	24	21
		23			22
		30			

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VENDOR AGREEMENT – Please initial and sign

The undersigned vendor (“Vendor”) fully and completely agrees to the following terms and provisions:

1. _____ Vendor has read and understands the Yachats Farmers Market **MARKET RULES.** Vendor is bound by the terms and conditions outlined in them.
2. _____ Vendor agrees to exercise the utmost care in the use of facilities and properties of the Yachats Farmers Market, the City of Yachats, The Yachats Commons and adjoining private and public properties.
3. _____ Vendor agrees to indemnify and hold harmless Lincoln County, the City of Yachats, The Friends Of The Commons, the Yachats Farmers Market and its Manager, directors, employees and agents for all claims, actions, judgments, losses, costs, attorney fees, and damages whatsoever (“Claims”), including Claims arising by reasons of accident, theft, injury or death caused to persons or property of any kind, arising out of, in connection with, or incident to the Market, except those caused by the sole negligence of the Market, Lincoln County or the City of Yachats.

Vendor Signature: _____ Date: _____

By signing this Application, the Vendor agrees to abide by ALL Rules, Guidelines and Policies of the Yachats Farmers Market

***DO NOT SEND MONEY WITH APPLICATION
(fees are due first market day)***

PLEASE RETAIN A COPY OF THIS SIGNED DOCUMENT FOR YOUR RECORDS