

Farmers Market Agreement

This agreement is entered into by and between the Whitestown Park's Department and _____. I have read and agree to abide by the rules and procedures as outlined on this agreement.

Signed _____

Date _____

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Product/Item Description: _____

PLEASE PAY IN ADVANCE

Part Time Vendor Fee - \$75.00 (To attend 8/15 markets)

Full Time Vendor Fee - \$100.00 (To attend 15/15 markets)

YES

NO

Indiana State Department of Health certificate required for sale items?

Indiana State Department of Health certificate required included?

Insurance Liability: **PLEASE PROVIDE A COPY WITH APPLICATION IF SELLING.**

Questions please contact Alexa Lingg at (317) 800-1090 or alingg@whitestown.in.gov

Make checks payable to "Whitestown Parks Foundation "

Please email or return this application to:

6210 Veterans Drive: Whitestown, IN 46075