



Great Falls' Original
Farmer's Market

(406) 761-3881
 PO Box 1986, Great Falls, MT 59403-1986
 VendorInfo@farmersmarketgf.com

2016 Vendor Application

PART A – CONTACT INFORMATION Please fill out in full

Vendor Contact Name		Vendor Business Name	
Mailing Address		City, State, Zip Code	
Phone	Fax	Email	
Cell Phone		Website and/or Facebook Page	
Public Contact Information (if a customer inquires, we will give out this info)			
Do You Accept Credit/Debit Cards?		Do You Accept WIC?	
Vendor Type			
<input type="checkbox"/> Fresh Produce <input type="checkbox"/> Processed Foods <input type="checkbox"/> Horticultural <input type="checkbox"/> Crafter/Artisan <input type="checkbox"/> Concessions <input type="checkbox"/> Other (specify):			

PART B – PARTICIPATION DATES Please circle dates you plan to participate.

June	July		August		September	
<u>Saturdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>
June 4	July 2	July 13	Aug 6	Aug 3	Sep 3	Sep 7
June 11	July 9	July 20	Aug 13	Aug 10	Sep 10	Sep 14
June 18	July 16	July 27	Aug 20	Aug 17	Sep 17	Sep 21
June 25	July 23		Aug 27	Aug 24	Sep 24	
	July 30			Aug 31		

PART C – PRODUCT INFORMATION Please list all items you plan to sell. Please be specific.

Always Fresh . . . Always Fun!

PART D – ADDITIONAL INFORMATION

- 1. **Do you require a vehicle space at your booth?** Yes No (*Note: This does not guarantee a parking space. Also, additional fees may apply if you are occupying more than one vendor space.*)
- 2. **Do you require electricity at your booth?** Yes No (*This does not guarantee availability of electricity. Please discuss your needs and options with the Market Manager prior to set-up.*)
- 3. If you intend to sell different products throughout the Market season, indicate the type of product and the approximate dates during which the products will be available for sale.
- 4. Vendors selling prepared food (jams, jellies, baked goods, etc.) must have approval and signature from the City-County Health Department in the space below and must display this certificate or permit at their booth and provide a copy of their certificate or permit to the Market Manager.
- 5. Vendors selling concessions must provide a copy of their State of Montana Health Department concession license to the Market Manager and must display their license at their booth.

PART E – VENDOR AGREEMENT

- 1. **I understand that I must sign this agreement before I will be allowed to participate in the Great Falls’ Original Farmer’s Market.**
- 2. I understand that execution of this Agreement does not guarantee my acceptance as a vendor or guarantee space at the Market.
- 3. Approved vendors are solely responsible for their products, equipment and other possessions, and for their business practices.
- 4. **I have read the “General Information” and “Regulations” attached to this application and I agree that I, and all persons assisting at my booth, will abide by all Regulations stated or as amended by the Great Falls’ Original Farmer’s Market.**
- 5. I agree to pay all booth fees at the end of each Market Day.
- 6. I understand that failure to pay fees or abide by the Regulations may result in my exclusion from the Market.
- 7. **Liability Release and Waiver of Claims:** I release the Great Falls’ Original Farmer’s Market and each of its officers, employees, agents, volunteer workers, directors, and representatives from any and all actions, causes of action, liability, claims, demands, costs, charges, and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls’ Original Farmer’s Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I understand and agree to abide by the terms of this agreement.

Authorized Signature: _____

Date: _____

PART F – HEALTH DEPARTMENT AUTHORIZATION

Health Department Use Only

FOOD PRODUCTS SOLD CANNOT CHANGE WITHOUT HEALTH DEPARTMENT APPROVAL

- Approved — Meets exemptions or State license attached
- Not Approved — License or Farmer’s Market Short Term Food Permit

Health Dept Stamp
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature/Date