



Great Falls' Original  
**Farmer's Market**

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


## Vendor Application

**PART A – CONTACT INFORMATION** Please fill out in full

<b>Vendor Contact Name</b>		<b>Vendor Business Name</b>	
<b>Mailing Address</b>		<b>City, State, Zip Code</b>	
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>Cell Phone</b>		<b>Website and/or Facebook Page</b>	
<b>Public Contact Information (if a customer inquires, we will give out this info)</b>			
<b>Do You Accept Credit/Debit Cards?</b>		<b>Do You Accept WIC?</b>	
<b>Vendor Type</b>			
<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 provide dates that you plan to participate. If you plan on participating on every Saturday or every Wednesday please circle that option, otherwise provide specific dates below.

<b>June</b>	All Saturdays	Dates:
<b>July</b>	All Saturdays      All Wednesdays	Dates:
<b>August</b>	All Saturdays      All Wednesdays	Dates:
<b>September</b>	All Saturdays	Dates:

**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
Signature/Date