

**Boone County Farmers Market
VENDOR AGREEMENT**

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone () _____

Farm Name _____

Farm Address _____

Farm City _____ County _____ State _____ Zip Code _____

E-Mail Address _____

DETAILED DIRECTIONS TO PRODUCTION AREA(S) - use reverse side, if needed:

I, (PRINT NAME) _____ and/or my representative(s) selling at the Boone County Farmers Market as (FARM NAME) _____ by becoming a seasonal or daily vendor at said market, agree to the terms of ALL the rules, regulations, and by-laws of the Market. I and/or my representative(s) further agree to permit inspection of production area(s) by appointment to assure compliance with the rules, regulations, and by-laws of the Market. I understand that I may have membership/right to sell privileges terminated with NO REFUND of dues or fees should I fail to comply with the rules, regulations, and by-laws of the Market. As a condition of membership/right to self, I and/or my representative(s) agree to release and hold harmless the BOONE COUNTY FARMERS MARKET, its Directors, Officers, Agents, Employees, and Landlords from all claims arising from such membership/right to sell.

Signature _____ Date _____

Do you wish to be included on a mailing/phone list available to VENDORS and CUSTOMERS? (Yes/No) _____