

DOWNTOWN DEWITT FARMERS MARKET
2008
Application form

Name: _____

Business Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Products to be sold:

If your produce is organically grown, are you certified organic? If yes, please enclose copy of valid Department of Agriculture Permit. Yes _____ No _____

Market Dates

MAY	10 th	17 th	24 th	31 st
JUNE	7 th	14 th	21 st	28 th
JULY	5 th	12 th	19 th	26 th
AUGUST	2 nd	9 th	23 rd	30 th
SEPTEMBER	6 th	13 th	20 th	27 th
OCTOBER	4 th	11 th		

Vendor Fees: Annual Fee (stall reserved for all 22 Markets) \$250.00
 Weekly Fee: \$15.00 if reserved the Wednesday prior, \$18.00 day of

Makes checks payable to the DeWitt Farmers Market, P.O. Box 552, DeWitt, MI, 48820. Major credit cards are accepted.

Amount Paid: _____ Date: _____

WAIVER OF LIABILITY: In consideration for participating as a vendor in the DeWitt Farmer's Market, I assume all risks of injury or suffered while on and/or upon the premises of the City of DeWitt and release and agree not to sue the DeWitt Farmer's Market, City of DeWitt, its agents, servants, associations, employees or anyone connected with the city of Dewitt or the DeWitt Farmer's Market for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred while on and/or upon the premises of the city of DeWitt as a farm market vendor.

I, the undersigned, have read the waiver of liability and the market rules, attached to this application, understand them both and agree to abide by them.

Signed: _____ Vendor Company Name: _____

Print Name: _____ Date: _____