



Sheridan Farmers Market 2019 Vendor Agreement

NAME/BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____ PHONE _____

EMAIL ADDRESS _____ WEBSITE _____

PRODUCT DESCRIPTION _____

Please indicate your choice(s) by checking the appropriate lines below:

- I commit to attend 13 weeks of the Sheridan Farmers Market and include a prepayment of \$200.00. I understand this entitles me to a permanent space at the market and a \$60 discount.
- I commit to _____ weeks and enclosed in my check for \$_____. Market by Market fee is \$20.00 per market. I understand this does not entitle me to a permanent space at the market or any stall discounts. Dates I will attend: _____.
- Late registration (day of market) - enclosed is my check for \$25. I understand this does not entitle me to a permanent space at the market or any stall discounts

Please submit copies of the following (if appropriate) with this application to verify your ability to sell:

*For processed food vendors, copy of insurance, current Food License or Temporary Food Service permit prior to events.

*For seed dealers, copy of current seed dealer's license *For nursery stock vendors, copy of current nursery stock license.

Please return this application, fees, and any requested documentation to:

Downtown Sheridan Association

PO Box 13

121 S. Main Street

Sheridan, WY 82801

Email: sheridanfarmersmarket@downtownsheridan.org

I WILL NOTIFY THE MARKET MANAGER AT LEAST 24 HOURS IN ADVANCE
IF I WILL NOT BE ATTENDING!

I have read and agree to abide by the Sheridan Farmers Market Policies and Procedures.

I have been advised to purchase my own liability insurance policy.

I understand that I risk suspension from all future markets if I, as a vendor/participant, refuse to comply with these rules and that market fees I have paid will not be refunded.

SIGNATURE _____ DATE _____