



Sheridan Farmers Market 2020 Vendor Agreement

BUSINESS _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____ PHONE _____

EMAIL ADDRESS _____ WEBSITE _____

PRODUCT DESCRIPTION _____

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

Due to the uncertainty of the 2020 season we are reducing the fee to \$15/booth (10' x 10' space) per market. This will give all vendors a full season discount for this year, no matter how many markets you sign up for. **Refunds will only be given under extreme circumstances and are at the discretion of the Sheridan Farmers Market** if you prepaid but miss a market. We do not make refunds due to **uncooperative weather**.

- I commit to attend 11 weeks of the Sheridan Farmers Market
- I commit to _____ weeks: Dates: _____
- Late registration (day of market) (\$25).

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 _____