

LEBANON FARMERS' MARKET VENDOR APPLICATION

Please Print Legibly

NAME _____

FARM OR BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL _____

E-MAIL ADDRESS _____

I PLAN ON VENDING THE FOLLOWING PRODUCTS _____

ANTICIPATED SET-UP DAYS AND DATES (CHECK ALL THAT APPLY)

WEDNESDAYS _____ SATURDAYS _____

APRIL _____ MAY _____ JUNE _____ JULY _____ AUG _____ SEPT _____ OCT _____

ACCESS TO ELECTRICITY REQUESTED (CIRCLE ONE) YES NO

PURPOSE FOR WHICH ELECTRICITY WILL BE USED _____

I have read the rules and regulations of the Lebanon Farmers' Market, and agree to abide by those rules and regulations. I agree to consent to a farm visit, or visits, in a timely manner, to verify compliance with rules 3 and 4. I also attest that I will comply with all state and local laws as they pertain to sales at a farmers' market. I understand that failure to do so can lead to my expulsion from the market. I am also aware that the market insurance does not cover individual vendors or their products.

Signature _____ Date _____