

Howard Lake Farmers Market
2017 Membership Application – Producers/Vendors

Primary Seller Name _____

Mailing Address _____ City _____

Farm Address (if different) _____ City _____

Distance from this address to the market location (Memorial Park, Cty Rd 6 N) _____ Miles

If you plan to sell products that you have produced but include ingredients/components not grown/produced by you, please indicate distance(s) from the source of the ingredients/components to the market location (Memorial Park) _____ Miles

Phone _____ E-mail Address _____ Web Address _____

MN Sales Tax ID Number (if applicable) _____

Are all products that you intend to sell grown or produced in MN? Yes _____ No _____ If "No", please explain: _____

Do you grow or produce all of the items you intent to sell? Yes _____ No _____ If "No", please explain: _____

Are your item organic or organically grown? Yes _____ No _____ (this is not a requirement for acceptance into the market)

Do you hold all required licenses to sell your products? Yes _____ No _____ If "No", please explain: _____

Are you fully insured to sell at farmers markets? Yes _____ No _____ If "No", please explain: _____

Are you a vendor of a Direct Sales company? Yes _____ No _____ If "No", please explain: _____

*Please provide proof of insurance and licensing with this application form.

Please list all products you plan to sell at the Howard Lake Farmers Market (use the reverse side of this sheet is you need additional space)

I wish to participate in: _____ 1 market (\$15) _____ 4 markets (\$55) _____ All 8 markets (\$100)

Please check all market dates you wish to attend:

____ June 3 _____ June 17 _____ July 1 _____ July 15 _____ Aug 5 _____ Aug 19

____ Sept 2 _____ Sept 16 _____ ALL MARKET DATES

Please check all the following:

____ I have read and agree to abide by the Howard Lake Farmers Market Rules and Regulations.

____ I agree to abide by all applicable Federal, State, and local regulations and requirements.

____ I agree that the Howard Lake Farmers Market is not liable for any injury, theft, or damage to either the buyer or seller, or their property, pricing out of or pertaining to preparation for to participation in the Howard Lake Farmers Market whether such injury, theft or damage occurs prior, during, or after the Farmers Market. Seller further agrees to indemnify and hold The Howard Lake Farmers Market harmless for and against any claims for such injury, theft, or damage.

Signature of Primary Seller _____ Date _____

Please return this application form, completed and signed with your payment and proofs of insurance and licensing (if applicable) to: Howard Lake Farmers Market, P.O. Box 188, Howard Lake, MN 55349 and make all checks payable to: The Howard Lake Farmers Market.

If you have any questions please contact us at: info@howardlakechamber.com or Myra @ 507-304-2451 (text or voice)

Thank you! We look forward to working with you this season!