

Management Data: Date Received _____

Amount Paid \$ _____

Stall Assignment _____

2023 BENNET FARMERS' MARKET Vendor Application and Agreement

Your Name (please print) _____

Business Name _____

Address: _____ City _____ Zip _____

Day Phone () _____ Evening Phone () _____ Cell () _____

Email: _____ Website _____

Product Category: _____ 1. Fresh Farm/Garden & Nursery Products including eggs, nuts and honey
_____ 2. Processed Farm/Garden Products, or Value Added Food
_____ 3. Artisan and Craft non-food items

Type of Vendor: Seasonal _____ (Cross out dates you cannot participate below)

Weekly _____ (Circle dates you want to participate below. These dates are not guaranteed. You will be notified by phone the prior week if you can not participate.)

Wednesday Market Dates

May	June	July	August	September
3	7	5	2	6
10	14	12	9	13
17	21	19	16	20
24	28	26	23	27
31		--	30	

List ALL products you plan to sell and market dates of sale. You can use space on reverse or attach a list.

Preferred vendor area: _____ 1 (Elm St.) _____ 2 (Harrison St.)

Vendor Fee: Seasonal: \$ 80 _____ Weekly: \$ 10/week x No. Weeks _____ = \$ _____

Send Application with fee and copies of permits and insurance to:

Larry Kramer, Mgr.
Bennet Farmers' Market
895 Cottonwood St.
Bennet, Nebraska 68317

(documents can be attached to an email: kramerlarry@earthlink.net but payment, preferred by check, should be received before market day,

Vendor agrees to indemnify and hold harmless the Bennet Farmers' Market, the Bennet Community Builders Association, and volunteers, from any and all causes of action which may arise from operation of this Market, not caused by negligence of the market volunteers. I grant permission for the Bennet Farmers' Market to use any photos or videos taken of my products or me in any and all publicity and advertising promoting the Market. By signing this application I acknowledge that the Vendor Application and Agreement has been read and understood, and I will abide by the terms presented in the product category and vendor type. **I will provide proof of required vendor liability insurance coverage.**

Signature: _____ Date: _____