

**ALPENA FARMERS MARKET  
2018 VENDER APPLICATION**



Contact Information

Name of Farm/Business:

\_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Please circle one:

ALPENA    ALCONA    MONTMORENCY    OSCODA    PRESQUE ISLE

New vender \_\_\_\_\_ Returning vendor \_\_\_\_\_

Insurance Agent (General Liability)

Name \_\_\_\_\_

Please circle days you plan on attending      Wednesday      Saturday

Product Category (check all that apply)

\_\_\_ Fruits    \_\_\_ Vegetables    \_\_\_ Plants    \_\_\_ Flowers    \_\_\_ Nursery Stock

\_\_\_ Baked Goods    \_\_\_ Dairy/Eggs    \_\_\_ Jams/jellies/honey/syrup    \_\_\_ Meat

\_\_\_ Craft

Please list all products sold

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business License Number (If applicable) \_\_\_\_\_

**Copies of licenses are due before first market!**

**I have read, understand, and agree to abide by the rules and by-laws of the Alpena Farmers' Market**

Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Driver's License Number:

\_\_\_\_\_

For more information,

Contact the market manager Amy Roznowski 989-350-2002

# Alpena Farmer's Market, Inc.

## INDEMNITY AGREEMENT

FOR VALUE RECEIVED, the undersigned jointly and severally agree to indemnify and hold harmless Alpena Farmer's Market, Inc. ("Indemnitees") and their successors and assigns, directors, agents, representatives and underwriters from any claim, action, liability, loss, damage or suit

In the event of any asserted claim, the Indemnitees shall provide the undersigned reasonably timely written notice of same, and thereafter the undersigned shall at its own expense defend protect and hold harmless Indemnitees against said claim or any loss or liability thereunder.

In the further event the undersigned shall fail to so defend and/or indemnify and save harmless, then in such instance the Indemnitees shall have full rights to defend, pay or settle said claim on their behalf without notice to the undersigned and with full rights to recourse against the undersigned for all fees, costs, expenses and payments made or agreed to be paid to discharge said claim.

Upon default, the undersigned further agree to pay all reasonable attorneys' fees necessary to enforce this agreement.

This agreement shall be unlimited as to amount or duration.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, directors, agents, assigns and personal representatives.

Signed this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Vendor

\_\_\_\_\_  
Alpena Farmer's Market, Inc.

ACCEPTANCE OF LIABILITY AGREEMENT

I /We \_\_\_\_\_ understand and accept that I am/we  
(PRINT NAME)

are personally liable for all products I/we sell at The Alpena Farmers' Market. The Alpena Farmers' Market, Inc., the officers of the Alpena Farmers' Market, the City of Alpena and/or the County of Alpena will not be held liable for the products I /we sell.

I/We understand it is solely my/our responsibility to obtain PRODUCT LIABILITY INSURANCE.

signature: \_\_\_\_\_ date:

signature: \_\_\_\_\_ date:

RULES AND BY-LAWS AGREEMENT

I /We agree to abide by the Rules and By-Laws of the Alpena Farmers' Market.

signature: \_\_\_\_\_ date:

signature: \_\_\_\_\_ date: