

Vendor Application 2024 Lanesboro Farmers Market

MINNESOTA GROWN APROUD MEMBER

Saturdays 9 A.M. to Noon May - October Sylvan Park Lanesboro, MN

Bus	iness / Farm Name:			
Prim	nary Seller Name:			
Nan	ne of additional sellers:			
Mail	ing Address:	County:		
City:		State/Zip		
Business Phone:		Alt Phone:		
Email:		Website:		
Pl	All items for sale must be grown, pro lease list all items that you plan to sell. Items not listed m	•		
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	If more space is needed pleas	se use a separate sheet.		
Produ	uction/Growing Address			
check box			check if	
if yes	Are your items	License or Cert./ Tax #	Exempt	
	Organic or Organically grown?			
	Baked, Canned or Processed items?			
	Nursery stock or perennials?			
	Processd or cured meats?			
	Wild Mushrooms?			
	Crafts derived from Farm?			
	Are you a member of MN Grown?			

Membership Fees		*Membership fees are non-refunable after May 1st.					
initial box	\$60 Seasonal Fee (before May 1st and/or a single event only) \$80 Seasonal Fee (after May 1st and/or a special event only) \$30 For an additional stall All required paperwork needs to be turned in to market manger 2 weeks before selling						
Please return the following items.							
	Signed Applicatio Copies of Applica	n ble licenses and Permits		Other Documents Appropriate Payment			
Total Amount Paid: Check Number:				lumber:			
Please make checks payable to							
I have read and understand the Lanesboro Farmers Market Policy and Procedures and Code of Ethics, agree to abide by them, and have received a copy of them. I understand that these rules may be amended from time to time and it is my responsibility to have the most current copy. I will leave my current mailing address with the manager so that I receive notice of changes and other necessary information about the operation of the Farmers Market. I understand that failure to abide by the Policies and Procedures may result in my disqualification, and this vendor's disqualification, from participation in the Farmers market. I agree that as a market vendor I will comply with all state, federal, and local including but not limited to labeling, scale requirements, egg temperature, sales tax and health codes. I will act in good faith to assure that all my Farmers Market customers are satisfied with the products I sell at the Market. I, for myself and for the business or entity I represent, agree that the City as Farmers market sponsor is not responsible to me or my business for any loss to my business or property due to power surges or power spikes. If I or my agents do not comply with the requirements for stall clean up, I agree that the city may perform the necessary clean up tasks and I will pay the clean up surcharge assessed against me and my stall for the cost of such clean up.							
Market Insurance covers the Farmers Market, not the individual vendors.							
initial box	No Early Sales	tall by 8:45 a.m. or 15 mi					
Signa	ture:		Date				