

MERRILL AREA FARMERS' MARKET 2018

PLEASE PRINT ALL INFORMATION

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

**ANNUAL APPLICATION FEE: \$75.00 – Make check payable to Merrill Area
Farmers' Market.**

I wish to pay in full _____ Date paid: _____ OR

I wish to pay in two payments _____ (First payment required with application)

Date(s) paid: 1st payment _____ 2nd payment Due July 1 _____

SPECIALTIES: (Vegetables, flowers, herbs, fruits, etc.): _____

LOCATION OF GARDEN(S): Note: Use the reverse side to draw a diagram of your garden in relation to your home/business. Please list address of any/all garden locations not on your property used to grow products for the Farmers' Market. **NOTE: The Farmers' Market Committee reserves the right to inspect a garden or farm to assure product origin.**

RETURN APPLICATION AND WAIVER to the Market Manager or another Farmers' Market officer.

There are several Market Meetings throughout the season. All are welcome to attend Market Meetings. Would you like to be notified of upcoming meetings?

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WAIVER OF CLAIMS AND HOLD HARMLESS AGREEMENT

WHEREAS: the undersigned Merrill Area Farmers' Market acts as an organization of persons desiring to join together for the purpose of selling locally grown fresh produce, flowers, plants, maple syrup, prepackaged honey, pickled products, and USDA inspected meat at the Merrill Area Farmers' Market in City of Merrill, Lincoln County, Wisconsin, and

WHEREAS: the undersigned agrees to become a member of the Merrill Area Farmers' Market and to follow the guidelines and rules as set forth by the Merrill Area Farmers' Market.

NOW, THEREFORE, IT IS HEREBY AGREED THAT: the vendor hereby waives, relinquishes, and releases any and all claims of whatever nature now or in the future against the Merrill Area Farmers' Market arising out of its use of space at the Merrill Area Farmers' Market locations, and/or the distribution of products and/or merchandise.

The undersigned Vendor does hereby agree to hold the Merrill Area Farmers' Market harmless from any and all claims, demands, causes of action, damages, or other loss, including attorney fees in defending such actions that the Merrill Area Farmers' Market may be asked to pay because of the Vendor's occupancy of space at the Merrill Area Farmers' Market or because of or arising out of Vendor's distribution of product or merchandise whether by sale or otherwise, at said Farmers' Market.

Date: _____

Farmers' Market Representative/Title

Participating Vendor

Merrill Area Farmer's Market

2018 Vendor Agreement for Accepting SNAP and DEBIT

Agreement:

- I agree to follow all of the rules as explained in the Vendor Policy for Accepting SNAP.
- I understand if I fail to abide by this agreement, my approval to accept SNAP may be revoked and I may be asked to leave the MAFM.
- I understand that it is my responsibility to inform my family and employees of these rules before they sell at the market on behalf of my farm or business.
- I understand I will be reimbursed at the end of each market season by the Merrill Area Famer's Market Treasurer.
- If I have questions about accepting Market Tokens as a form of payment I will contact Carla Emmer at 715-921-0489 or by email at Chadandcarla@frontier.com
- I agree to accept both EBT and Debit tokens

VENDOR SIGNATURE

Date

VENDOR NAME

VENDOR ADDRESS

VENDOR PHONE NUMBER
