



2018 Farmers Market Agreement

Summer Market hours of operation will be Saturdays from 9:00am to 1:00pm each week from **May 5th – September 1st**. It will take place in the Whitestown Municipal Complex Parking lot as in years past. Vendors must be in place and ready to open at least 15 minutes prior to the opening of the Market. Vendors that have not arrived by that time will not be admitted on that day. **The vendor fee must be paid prior to setting up.**

Booth space will be assigned with priority given to full season vendors. Vendors that are signed up for daily spots will be assigned space on the day of the Market. Booths will be two parking spaces (18'x18') and vendors will be allowed to park **one** vehicle in their spot in addition to tables and tents.

Each vendor is solely responsible for his or her own tables, displays, change, bags, weather and sun protection devices, produce sales, etc.

The Whitestown Farmers' Market may not be used as an outlet for the sale of flea market type items. Re-sale items other than bottled water/soda will **NOT** be permitted unless it is a product that is not easily accessible at a local grocery store. These items must be approved by the Market Master. Handcrafted items must also be approved. Whitestown Parks reserves the right to revoke approval of sale items if they do not meet the standards set forth in this document and approval agreement.

Produce vendors will be allowed to co-op and sell items from another farm. Said items must be labeled with location or farm and total amount of items cannot exceed more than 20% of the vendor's inventory.

All vendor booth and sale item approvals or denials are at the sole discretion of the Whitestown Park's Department. All vendors are responsible for and shall comply with all applicable state and county laws, regulations and ordinances pertaining to their products, including but not limited to Health Department permits and sales tax collection.

Vendors selling edible goods shall maintain general liability insurance for protection against claims, injuries, and damages. Proof of liability insurance and other necessary permits must be submitted with this signed agreement

Vendors must agree to hold harmless the Town of Whitestown, as well as its agents, officers, members, and employees from any and all liability, loss or damage, including, but not limited to; bodily and personal injuries, injuries resulting in death, property damage and all other claims, actions and expenses, including reasonable attorney fees and costs, which may occur as a result of vendor's participation in the market.

The Market Master reserves the right to make judgement calls based on activity deemed unsafe or unlike that of an upstanding member of the Whitestown Farmers' Market. Vendors who fail to comply with the rules set forth in this document may be asked to change their actions or leave the market.

2018 Farmers Market Agreement

This agreement is entered into by and between the Whitestown Park's Department and

_____ DBA _____

I have read and agree to abide by the rules and procedures as outlined on page one of this agreement.

Signed _____ Dated: _____

Name: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Product/ Item Description: _____

Single Space Fees

Daily fee: \$15.00

Entire 18 week Season (May 5th -September 1st): \$125.00

Double Space Fees

Daily fee: \$25.00

Entire 18 week Season fee (May 5th – September 1st): \$200.00

Single Space- Daily

Single Space- Season

Double Space Double-Daily

Double Space-Season

Indiana State Department of Health certificate required for sale items? YES NO

Indiana State Department of Health certificate included? (if applicable) YES NO

Insurance Liability: PLEASE PROVIDE A COPY WITH APPLICATION IF SELLING EDIBLE ITEMS

For questions please contact the Market Master at (317) 732-4552 or market@whitestown.in.gov

Make checks payable to Whitestown Park's Department.

Please email or return this page of the application to:

6210 Veteran's Drive; Whitestown, IN 46075

For Office Use Only:

Insurance Certificate

Number of Spaces: _____

Payment Amount: _____

Board of Health Certificate or N/A

Check No.: _____

Name on Check: _____