



## 2016 Farmers Market Agreement

Hours of Operation will be Saturdays from 10:00am to 2:00pm each week from **June 11th - October 15th** There will not be a market on Saturday **September 17th** due to Whitestown Brew Fest being held at the Complex.

Vendors must be in place and ready to open at least 15 minutes prior to opening of the Market.

Booth space will be assigned with priority given to Full Season vendors. One day vendors will be assigned a space the day of. Booths will be 2 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 scales, 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. Certain hand crafted items will be permitted, with the approval from the Whitestown Park's Department prior to sale at Market. Please contact the Whitestown Park's Director at (317) 732-4537, to have your handcrafted items approved. Whitestown Parks and/or the Market Master 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 of farm and total amount of items can not exceed more than 20% of the Vendors 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 shall maintain general liability insurance for protection against claims, injuries and damages. Proof of liability insurance 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.

Market Master reserves the right to make judgment 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.

## 2016 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: \$10.00

Entire 18 week Season fee (June 11th - October 18th): \$125.00

### Double Space Fees

Daily fee: \$20.00

Entire 18 week Season fee (June 11th - October 18th): \$200.00

Single Space – Daily

Single Space – Season

Double Space – 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**

For questions please contact the Park's Director at 317-732-4537 or [market@whitestown.in.gov](mailto:market@whitestown.in.gov)

Make checks payable to Whitestown Park's Department.

Please email or return this page of the application to: 6210 S 700 E, Whitestown IN, 46075.

### **For Office Use Only:**

Number of Spaces: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_ Name on Check: \_\_\_\_\_

Notes: \_\_\_\_\_

Insurance Certificate

Board of Health Certificate  or N/A