



VENDOR APPLICATION

Great Falls Original Farmers' Market
P.O. Box 1986 · Great Falls, Montana 59403
406-761-3881 · farmersmarketgreatfalls@gmail.com

CONTACT NAME

BUSINESS NAME

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

CELL PHONE (If different)

WEBSITE or FACEBOOK

VENDOR TYPE? Fresh Produce ☐ Processed Foods ☐ Crafter/Artisan ☐ Concessions ☐

Other:

yes/no

☐ ☐ Do you require a vehicle space at your booth?

Note: This does not guarantee a parking space.

PRODUCT INFORMATION

Please describe in detail all items you plan to sell. If you intend to sell different products throughout the season, indicate which products & approximate dates.

PARTICIPATION DATES: Please provide dates you plan to participate.

CIRCLE IF APPLICABLE

IF YOU'RE NOT AVAILABLE "ALL SATURDAYS" WRITE IN SPECIFIC DATES AVAILABLE

June All Saturdays

July All Saturdays

August All Saturdays

September All Saturdays

CONTACT NAME

BUSINESS NAME

ATTENTION FOOD VENDORS: Vendors selling prepared foods (including all produce vendors) must have approval & signature from the City-County Health Department (below) & must display this permit at their booth & provide a copy to the Market Manager.

Vendors selling concessions must provide a copy of their State of Montana Health Department Concession license to the Market Manager & display a copy at your booth.

VENDOR AGREEMENT:

I understand that I must sign this agreement before I will be allowed to participate in the Great Falls Original Farmers' Market.

I understand that execution of this Agreement does not guarantee my acceptance or guarantee space at the Market.

Approved vendors are solely responsible for their products, equipment and other possessions; and for their business practices.

I have read the "General Information" and "Regulations" attached to this application and I agree that I, and all person assisting at our booth will abide by all regulations stated or as amended by the Great Falls Original Farmers' Market.

I agree to pay all booth fees at the end of each market.

I understand failure to pay fees or abide by market regulations could result in my expulsion from the Farmers' Market.

Liability Release and Waiver of Claims: I release the Great Falls Original Farmers' Market and each of its officers, employees, agents, volunteer workers, directors and representatives from any and all actions, causes of action, liability, claims demands, costs, charges and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls Original Farmers' Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I undersatnd and agree to abide by the terms of this agreements.

SIGNATURE

DATE

HEALTH DEPARTMENT AUTHORIZATION

Food products cannot change without Health Department authorization

- ☐ **APPROVED.** Meets exemptions or State license attached
- ☐ **NOT APPROVED.** License or Farmers' Market short-term food permit

HEALTH DEPT STAMP

Date: