

Simple Living Farmers' Market 2024 Vendor Application Form

Rules and regulations of this Market have been established. Please read them as they are the requirements we will ask each vendor to fulfill. All vendors are responsible for getting their own applicable product license(s), their own sales tax identification number and for paying their own sales tax.

Name (print): _____

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

Home phone: _____ Cell phone: _____

E-mail address: _____ Sales Tax ID Number: _____

Types of products (check all that apply):

<input type="checkbox"/> Fruits/Vegetables	<input type="checkbox"/> Flowers	<input type="checkbox"/> Plants	<input type="checkbox"/> Baked Goods
<input type="checkbox"/> Preserves	<input type="checkbox"/> Honey	<input type="checkbox"/> Syrup	<input type="checkbox"/> Meat
<input type="checkbox"/> Dairy products	<input type="checkbox"/> Flea Market	<input type="checkbox"/> Crafts	<input type="checkbox"/> Other _____

Vendor fees: \$50.00 for the season for all market locations; or \$15.00 per session (seasonal fee paid in full with three payments of \$15 plus \$5). These fees include market insurance (slip and fall) for the paid vendors. Vendors may also carry their own additional liability insurance for their products.

This agreement must be signed and fees paid before selling any products at the Market.

Please send applications and fees to one of the following: (Checks payable to: Simple Living Farmers' Market)
Becky Selness, Treasurer
44966 State Hwy 44
Mabel, MN 55954
507-493-5092, sbselness@gmail.com
Laurie Wendel, President
10573 Berry Lane
Mabel, MN 55954
507-458-1923, wendellaurie59@gmail.com

I agree with the regulations of this Market and will be responsible for my products as set forth in the regulations. I will bring my products on all Market days during this calendar year, if at all possible.

Signature _____

Amount paid \$ _____

Treasurer's Receipt

Name: _____

Vendor Fee Paid \$ _____ Date: _____

Initials _____

Vendor's Receipt

Name: _____

Vendor Fee Paid \$ _____ Date: _____

Initials _____