

2011 Clinton County Farmers Market Application

Thank you for your interest in joining the Clinton County Farmers Market!

Please type or print your information legibly below.

Basic Information

Name(s) \_\_\_\_\_

Farm/Business Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Addresses of locations where products are raised, produced or processed. Please be specific. Provide directions if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Category

Please indicate which membership category you are applying for:

\_\_\_ Full Membership - \$100 – may sell at all regular Farmers Markets from June 4 through October 15

\_\_\_ Seasonal Membership - \$40 per season – may sell at all regular Farmers Markets for the respective season. Please circle which of these seasons you will be participating in:

June & July    July & August    August & September    September & October

\_\_\_ One-day weekend vendor - \$10.00 per day. Please list the date(s)

Payment of above fees must be submitted with this application. Please make checks payable to: Clinton County Chamber of Commerce. Please do not send cash. Checks will not be cashed until applicant is approved.

Not for profit booths for the purposes of disseminating information only are exempt from fees. Not-for-profit booths involved in fundraising or product sales are subject to fees as stated above.

Product Category

Please mark which product category you will be selling in. If selling in more than one, please rank in order of prominence – for example, if you sell jams and jellies through the season but will also sell sweet corn during the summer, use “1” for processed products and “2” for agricultural products.

\_\_\_\_ Agricultural products

\_\_\_\_ Processed products

\_\_\_\_ Market Café

\_\_\_\_ Crafts

\_\_\_\_ Broker – please circle the product category(s): Agricultural Processed Crafts

\_\_\_\_ Not-for-Profit

\_\_\_\_ Not-for-Profit Informational

\_\_\_\_ Political and Research

\_\_\_\_ Youth – please circle the product category(s): Agricultural Processed Crafts

Product description

Please describe, in detail, the products you will be selling. Please attach any brochures or other marketing materials, photographs, etc. that may help describe your products. All application materials are non-returnable. If any products meet the Clinton County Grown criteria as listed in the Policies and Procedures, please identify those items.

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Will you be making any product claims such as antibiotic free, hormone free, grass-fed, pastured, etc.?  
Yes No

Please list, and describe in detail your production system enabling you to make these statements.

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Do 75% or more of your products qualify to be marketed as “Clinton County Grown”? Yes No



Documents marked with a \* may be submitted on Market Day. Vendors will not be allowed to set up their booths until all necessary documentation has been provided.

I understand that I am personally responsible for my belongings at all times. I will not hold the Clinton County Chamber of Commerce, the Clinton County Farmers Market, Frankfort Main Street, Inc., CVS Caremark Inc, or any member of the Board of Directors, Committees, or staff of any of the aforementioned organizations, liable for any damages that might occur to my items during the Farmers Market. I agree to hold the Clinton County Chamber of Commerce, the Clinton County Farmers Market, Frankfort Main Street, Inc., CVS Caremark Inc, or any member of the Board of Directors, Committees, or staff of any of the aforementioned organizations harmless for any injury that might occur to me, any co-workers, any employees, or any customers while at my booth. I acknowledge that I have been provided with a copy of the "Clinton County Farmers Market Rules and Regulations" and I agree to abide by these rules. I also grant permission to the Market Manager and/or Market Committee to inspect the premises where the products I intend to sell are produced, provided advance notice of at least 48 hours is given. I understand that the Market Manager may approve or deny this application and, if denied, I may reapply in the future.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

**Office Use Only**

Date Application Received \_\_\_\_\_ Date Payment Received \_\_\_\_\_ Check Number \_\_\_\_\_

All Permits/Liscences received \_\_\_\_\_ Approval Date \_\_\_\_\_ Rejection Date \_\_\_\_\_

Reason for rejection, if applicable \_\_\_\_\_

Please return to: Market Manager or Clinton County Chamber of Commerce (259 E Walnut St., Frankfort, IN 46041)