



2024 VENDOR APPLICATION

*All applications and fees must be received prior to the start of the Market Season May 25, 2024

| Business name: | | | |
|-----------------------------|--|-------------------------|---|
| Address | | | |
| City, State and Z | Zip Code | | |
| Contact Name_ | | | |
| Phone | Fax | Cell | |
| Email Address_ | | | |
| Website: | | Acres Farmed: | _ |
| List or describe | all produce or products to be sold_ | | |
| List other Farm | s and products you are consignmen | nt selling: | |
| IF SELECTED Would y Would y | O: You like the space for the entire sear You like to be an Alternate? YES | | _ |
| > A | As an Alternate you will be given 1 | o dates for the season. | |

➤ Do you have a home-based processing certificate? _____

| LIABILITY INSURANCE all vendors are required to present a certificate of insurance to the Parklands prior to the start of the season. |
|--|
| Do you carry Liability Insurance YES NO Copy of insurance attached YES NO |
| Vendors, not the Market, are individually responsible for |
| ➤ Conforming to all city, state and federal laws including the securing of any licenses or certifications required for the operation of their Market space and for the items, they sell or distribute at the Market. |
| ➤ Vendors will comply with and satisfy their sales tax obligations. |
| Required by or at the Spring Market Meeting Copies of licenses and/or certificates Payment for the season |
| "To the best of my knowledge, all information submitted on this application is accurate. I have received and read the 2024 Eastwood Village Farmers' Market Rules & regulations and agree to be bound and abide by them if allowed to participate in the Eastwood Village Farmers' Market.' |
| Signed: |
| Printed Name:Date: |
| Bring completed application to the Spring Meeting Friday April 26, 2024 |
| or |

Mail to:

Eastwood Village Council Attn: Farmers' Market P.O. Box 92
Eastwood, KY 40018