

# 2018 Vendor Application

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website/Facebook page \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Can you receive texts? \_\_\_\_\_ Best way to contact you? \_\_\_\_\_

Please indicate which market you would like to participate in:

- Kokomo Downtown Farmers' Market: \_\_\_ Saturdays \_\_\_ Midweek \_\_\_ Both  
 Makers' Art Market

Business type and products offered (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Farm Fruits/Vegetables | <input type="checkbox"/> Nursery Product                |
| <input type="checkbox"/> Dairy                  | <input type="checkbox"/> Bath products                  |
| <input type="checkbox"/> Meat                   | <input type="checkbox"/> Craft                          |
| <input type="checkbox"/> Baked Goods            | <input type="checkbox"/> Artwork                        |
| <input type="checkbox"/> Herbs                  | <input type="checkbox"/> Science                        |
| <input type="checkbox"/> Eggs                   | <input type="checkbox"/> Demonstration                  |
| <input type="checkbox"/> Fudge                  | <input type="checkbox"/> Performance                    |
| <input type="checkbox"/> Prepared Foods         | <input type="checkbox"/> Nonprofit                      |
| <input type="checkbox"/> Music                  | <input type="checkbox"/> Other (Please briefly specify) |

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Is it **necessary** for your vehicle to remain in your vendor space? \_\_\_\_\_

Place a check by the dates you will be at the market. REMINDER: unless majority of your products are grown, you MUST commit to exact dates before your first day. **No exceptions.**

April	May	June	July	August	September	October
<input type="checkbox"/> 28	<input type="checkbox"/> 5	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 6
	<input type="checkbox"/> 12	<input type="checkbox"/> 6*	<input type="checkbox"/> 11*	<input type="checkbox"/> 11	<input type="checkbox"/> 8	
	<input type="checkbox"/> 19	<input type="checkbox"/> 9	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 15	
	<input type="checkbox"/> 26	<input type="checkbox"/> 13*	<input type="checkbox"/> 18*	<input type="checkbox"/> 25	<input type="checkbox"/> 22	
		<input type="checkbox"/> 16	<input type="checkbox"/> 21		<input type="checkbox"/> 29	
		<input type="checkbox"/> 20*	<input type="checkbox"/> 25*			
		<input type="checkbox"/> 23	<input type="checkbox"/> 22			
		<input type="checkbox"/> 26*	<input type="checkbox"/> 28			
		<input type="checkbox"/> 30				

\*Midweek Markets, note there is no Midweek Market on July 4

Please choose and list three Saturdays you plan to participate in the market and are available to volunteer with set up and tear down. We will attempt to make sure everyone's mandatory volunteer date is one of their choosing.

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If you are interested in being a featured vendor this season, please list three Saturdays you would like to be featured. We will work to make sure everyone gets a feature day of their choosing.

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Farmers: How do you grow?

- Certified Organic    Non-certified Organic  
 Conventional (uses synthetic chemicals)

Approximately how many acres do you farm? \_\_\_\_\_

All other vendors: Please list any local or Indiana grown ingredients used in your products:

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What makes your products a great fit for the Kokomo Downtown Farmers' Market or the Makers' Art Market?

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How many miles away from Kokomo is your farm or workshop? \_\_\_\_\_

Our website has a section to share information about each of, our vendors. Please list 5 – 7 facts about your business. Include anything special about your products, how your business got started, what your background is, how long you've participated in the KDFM and what the farmers' market means to you.

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List names of family members/employees who may sell for you:

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Please list ALL items you plan to sell at the markets. Vendors will be expected to sell only what is listed. You may add items only after notifying the market master and receiving approval. This application will not be processed without a detailed list of crops and other products you will bring to the markets.

**REMINDER:** All products sold at the market must be made or grown by you in Indiana.

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Provide copies of all insurance, licenses and permits you currently have to operate your business. These may include: commercial kitchen license, nursery permit, organic certification, dairy permit, health department permits, vendor permits and others.

If you have any questions, please contact Market Master Adrienne at 765-210-8235 or by e-mail at [info@kokomofarmersmarket.com](mailto:info@kokomofarmersmarket.com).

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(Signature/Print)

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(Date)

## **KDFM and MAM Agreement**

The undersigned agrees that he/she has read and understood the Policies and Procedures of the Kokomo Downtown Farmers' Market (KDFM) and Makers' Art Market (MAM) and will be able to comply with all of the rules and regulations described. The undersigned understands noncompliance may, at the discretion of the market board result in removal of the activity from the boundaries of the market. The undersigned further certifies that he/she is the responsible person referred to in the rules and that he/she is authorized to 1) execute this application on behalf of the group and 2) accept legal process on behalf of the group. Applicant agrees to defend, hold harmless, and indemnify the City of Kokomo, its officers and employees, the Kokomo Downtown Farmers' Market, Makers' Art Market, its officers and its directors, Ivy Tech Community College, its officers and employees, St. Joseph Hospital, its officers and employees, Howard County Government, its officers and employees, and the Kokomo Downtown Association, its officers and its employees, from and against any and all claims for damages and any or all loss, provided such claim, liability or loss arises in whole or in part by any act of omission of applicant or that of any employee or agent of applicant, and so applicant agrees, irrespective of whether such claim, damages or loss also arose from or were caused by a negligent omission on the part of the Kokomo Downtown Farmers' Market, the City of Kokomo, Ivy Tech Community College, St. Joseph Hospital, Howard County Government, the Kokomo Downtown Association or any of its officers or employees. Applicant has read the KDFM and MAM bylaws regarding the Policies and Operating Procedures for all Participants; Participation and Application; Hours of Market Operation, Regulatory Agencies; Equipment and Services; Fees for 2013 Market Season, and the Section herein regarding applicant's specific area of participation and applicant agrees to conform to the regulations contained therein. Applicant understands that spaces will not be allocated until all of the above documentation is on file with the market master. Future fees will be due and payable according to the payment schedule on the KDFM and MAM Vendor Application. ALL FEES ARE NON-REFUNDABLE. THE MARKET WILL BE HELD RAIN OR SHINE.

Date\_\_\_\_\_

Signature\_\_\_\_\_

Print Name\_\_\_\_\_