

The Helena Market Days Farmers Market Application

First Name: _____ Last Name: _____

Farm/Business Name: _____ # Acres in Production: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone: _____ Farm Address: _____

Please list products you intend to sell at the market: _____

Indemnification: By participating in the market, all vendors shall be individually and severally responsible to owners of The Helena Market Days, the Market Manager and the Market Advisory Committee for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendors' negligence or that of its servants, agents or employees. All vendors hereby agree to indemnify and hold the City of Helena, The Helena Market Days, the Market Manager and the Market Advisory Committee harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by the City of Helena, The Helena Market Days, the Market Manager and the Market Advisory Committee by reason of the vendor's negligence or that of its servants, agents or employees.

Applicant Statement:

I agree to abide by the Guidelines of The Helena Market Days Farmers Market and to obtain all applicable permits and licenses; to assist in the inspection of my garden by agents of the market and the Alabama Farmers Market Authority (where applicable); to sell only agricultural products from my farm (where applicable); or to sell only products produced by myself and/or my employees. I further agree not to hold the Market responsible for any damages arising out of the sales of my products.

Signed: _____

Printed Name: _____ Date: _____

To reserve your space, please make-out your \$20 check to: The Helena Market Days Farmers Market and mail to: Post Office Box 613, Helena, AL 35080.

Note: Please make a copy for your personal files and give original to Market Manager.