



DESOTO FARMERS' MARKET

520 North Main Street | DeSoto, Missouri

VENDOR APPLICATION 2019

Deadline for reserving & canceling a booth is 12:00 Noon, Friday before Market.

Market Hours: 8:00 AM-12Noon

Reservations & Cancellations: Call 636-208-3391 or via email at cindyvalle@gmail.com

Individual Name: _____ **Business Name:** _____

List Additional Workers: _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Contact Information Phone: _____ **Cell:** _____

Email: _____ **Use Text:** Yes No

Specific description of the product(s) you will sell: _____

BOOTH RESERVATION: Cost of \$15 per week, except for special event weeks indicated below ** for each 10'x10' space. (See Rules & Regs. for Special Event Week pricing) Vendors must pay with Reservation unless a weekly vendor.

(DO NOT MARK AMOUNT PAID UNLESS ENCLOSING PAYMENT WITH APPLICATION)

Number of Spaces Needed _____ **Amount Paid with Application \$** _____

Place an X in the box for dates you are reserving and/or paying for a booth at the Market. If you plan to attend every week, mark 1st box only.

Every Week 4/20* 4/27 5/4** 5/11 5/18** 5/25 6/1 6/8

6/15 6/22 6/29** 7/6 7/13 7/20 7/27** 8/3 8/10 8/17**

8/24 8/31 9/7 9/14 9/21** 9/28 10/5 10/12 10/19**

*Soft Opening Day: 4/20 with Tractor Parade! **Special Event Days: Grand Opening 5/4, Military Appreciation 5/18, Red, White & Blue Day 6/29, Tomato Fest 7/27, Cardinal's Day 8/17, Celebrate Our Heritage 9/21, End of Market 10/19. Unlimited Crafters on 6/29, 8/31, & 10/19 and Kid's Mart on 6/22 & 8/24.

Mail To:	De Soto Farmers' Market Attn: Cindy Valle 406 Lueking Dr. De Soto, MO 63020	Make Checks Payable to: De Soto Farmers' Market Vendor Questions: 636-208-3391 or cindyvalle@gmail.com
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Waiver of Liability: In consideration of your accepting this application, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and demonstrators, waive and release any and all rights and claims for damages I may have against the Get Healthy DeSoto, its organizers, their sponsors, their representatives, successors, and assignees for any and all injuries suffered by myself or my guests in the event. Further, I hereby grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recordings or any other record of the event for legal purposes. I agree to abide by the rules and regulations of, DeSoto Farmers' Market, a project of Get Healthy DeSoto.

I have read and agree to abide by the De Soto Farmers' Market Rules and Regulations & Waiver of Liability. I agree to be in compliance with all External Regulations required by law.

Signature

Date

Proof of Vehicle Liability Insurance required for all vendors to operate a vehicle within the Market area.

- Proof of Insurance Attached (Please attach a COPY of current proof of insurance for all vehicles used to unload/load at the Market, including additional workers)
- I give permission to Get Healthy DeSoto dba DeSoto Farmers' Market to give my contact information out to market customers when requested or post on Market's Facebook or Website.