



520 North Main Street | DeSoto, Missouri 63020 Market Hours: Saturday 8:00 AM-12 Noon

## 2026 Vendor Application

\$15 application fee (make checks payable to: Get Healthy De Soto)

Reservations: Deadline is Wednesday prior to market with payment.

Cancellations: Deadline is Friday at noon prior to market to get a refund/apply payment to a future date.

### **Contact Information**

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

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ May we contact you via text messaging?    Yes    No

E-Mail: \_\_\_\_\_

Website/Social Media Pages: \_\_\_\_\_

# of years @ De Soto Farmers Market: \_\_\_\_\_

Additional Workers (Per Rules and Regulations, all additional workers must be listed. Please List names here.): \_\_\_\_\_  
\_\_\_\_\_

Brthdays/Anniversaries: \_\_\_\_\_

Please Provide a Copy of your Vehicle Insurance. We are required to have all vehicle insurance for any vendor vehicle onsite.

Insurance Expiration Date: \_\_\_\_\_

\*See Rules and Regulations for additional Sponsorship and Advertising Information

### **Vendor Type**

- Producer: Majority of Products are "Harvested". If you sell a few cookies or breads along with your primary vegetables or meat offerings, please choose Producer.
- Food Vendor: Most of your Products are food that is not "Harvested". ie. Bakers and Confectioners
- Crafter/Artisan: Most of your Products are Hand-made, non-food items.

## **Description of Products**

Tell us what you intend to sell at the market. Be specific and detailed. If you primarily intend to have watercolor paintings and caricature art, but also think you'll have some watermelons when they come into season, indicate that below. If you "Harvest" most of your products, list out what you intend to sell. We understand that those can be weather dependent.

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Market Dates (mark dates you desire to attend):						4/18
4/25	5/2	5/9	5/16	5/23	5/30	6/6
6/13	6/20	6/27	7/4	7/11	7/18	7/25
8/1	8/8	8/15	8/22	8/29	9/5	9/12
9/19	9/26	10/3	10/10	10/17	10/24	10/31

**\*Please use the grasshopper platform to update and maintain your selected dates**

### Contact Information (Optional)

- I give permission to Get Healthy DeSoto and DeSoto Farmers' Market to share my contact information with market customers through online notifications, advertising, email, and social media platforms.

### Waiver

- 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.

### Rules

- I have read and agree to abide by the De Soto Farmers' Market Rules and Regulations. I agree to follow all External Regulations required by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact for Questions/Concerns:

Market Manager

Morgan Sitkowski

314-550-8463

[market@gethealthydesoto.org](mailto:market@gethealthydesoto.org)