



E. Center St. Farmers Market Vendor Application June 1, 2018 through September 28, 2018

Participant's Business Name: _____

Contact Name: _____ NV Sales Tax Permit Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone: _____ Home phone: _____ Fax: _____

E-Mail: _____

Describe the items you will be selling: _____

The E. Center St. Farmers Market (The Market) will be located on East Center Street between S. Maine and S. Nevada Streets outside of the Food Hub's location at 40 East Center #5. Vendor set up will be available starting at 3:00 p.m. (one hour prior to the start of the market) each Friday afternoon of the Market season. The Market is advertised as open for business from **4:00 p.m. to 8:00 p.m (or sunset)**. Break-down of vendor stations must be completed by 8:30 pm or sunset, whichever comes first.

Electrical outlets will be available for free. Please indicate here if you need this service: Y ____ / N ____

The registration fee is \$20.00 per week. A donation to the weekly raffle basket of products, gift certificates or other items valued at \$5 is also required. A 10 % discount will be given to any vendor paying for the full 18-week season in advance (\$324 vs \$360). **Weekly registration fees must be paid in full at the start each Market.**

Please indicate which weeks of each month you plan on attending:

All ____ June 1 8 15 22 29 July 6 13 20 27 August 3 10 17 24 31 September 7 14 21 28

THIS APPLICATION MUST BE ACCOMPANIED BY APPLICABLE REGISTRATION FEES, COPIES OF APPLICABLE PERMITS, CERTIFICATES, LICENSES, INSURANCE AND HOLD HARMLESS AGREEMENT. THE MARKET IS ALSO NOT RESPONSIBLE FOR ANY ITEMS LOST, STOLEN OR DAMAGED DURING THE EVENTS.

I request permission to sell at the E. Center St. Farmers Market. I have read and hereby agree to abide by the E. Center St. Farmers Market Rules, and by all applicable local, state, federal laws. I/We further agree to cooperate with the Market Committee and to pay the required registration fees prior to the start of my registration.

Authorized Signature: _____ Date: _____