

## 2024 Chillicothe Farmers Market Summer Membership Application

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

Farm/Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Please complete this form, sign it, and send it to the address below or by e-mail to [chillicothefarmersmarket@yahoo.com](mailto:chillicothefarmersmarket@yahoo.com):

Chillicothe Farmers Market  
Attn: Market Manager  
PO Box 6256, Chillicothe, OH 45601

**\*\*\*Vendors are selected annually by the Board of Directors and Market Manager. Acceptance is based on the uniqueness of your products as well as our current product mix. If management believes the number of vendors offering the same or similar products is excessive, duplicate products may be denied entry or granted limited participation. \*\*\***

**Our membership fee is \$375 PLUS \$100 refundable deposit. Vendors are REQUIRED to submit weekly, anonymous sales slips. If all vendor sales slips are provided by the final summer market, your deposit is refunded.**

**Please include proof of liability insurance and all applicable licenses and inspections records with your application. DO NOT SEND PAYMENT WITH APPLICATION. You will be contacted by the Market Manager if accepted and to arrange payment.**

Please list the types of products/produce you plan to bring to the market (BE SPECIFIC; i.e., if you are baking pies, you MUST list every flavor you will be selling the entire season):

---

---

---

---

---

Please list any products/produce you will be purchasing that is not grown or produced by your own farm/business:

---

---

---

---

I agree to abide by all the rules and bylaws of the Chillicothe Farmers Market Association and to operate within all federal, state, and county regulations regarding the product(s) I sell. I acknowledge that I am individually responsible for any loss, personal injury, death, and/or any other damage that may occur because of my negligence, or that of my vendors, agents, or employees. I realize that the Chillicothe Farmers Market Association provides no insurance and that I am personally **required** to provide my own product liability and liability insurance.

---

Signature

---

Date