



2018 Chillicothe Farmers Market Membership Application

Name: _____

Farm/Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Please complete this form, sign it, indicate three preferred spaces on the attached map, and send it to the address below along with your **check for \$200.00 (per space)**. The check should be made payable to: *Chillicothe Farmers Market Association* no later than March 31, 2018.

Chillicothe Farmers Market
Duane Adams, Market Manager
516 Laurel Street
Chillicothe, OH 45601

*****Applications will be received on a first come basis and space may be limited *****

Please list the types of products/produce you plan to bring to the market:

Please list any dates you know will not be selling at the market:

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 as a result of my negligence, or that of my vendors, agents, or employees. I realize that no insurance is provided by the Chillicothe Farmers Market Association and that I am personally responsible or my own product liability and liability insurance.

Signature

Date