



## 2019 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*. \$100 (per space) must be received no later than March 1, 2018 and the remaining balance is due by the end of the first market on May 5, 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:

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

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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 for my own product liability and liability insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date