



2021-2022 Chillicothe Farmers Market Membership Application Winter Season

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 \$300.00 (per space)**. This amount covers the fee for each space you request for selling at the market and to sell online. The check should be made payable to: ***Chillicothe Farmers Market Association***. \$150 (per space) must be received no later than October 16, 2021 and the remaining balance is due by the end of the first market on November 6, 2021. There is an additional fee of 5% assessed weekly for all online sales.

**Chillicothe Farmers Market
PO Box 6256
Chillicothe, OH 45601**

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

If you are a returning vendor, please list new items you wish to bring to the market:

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

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 Chillicothe Farmers Market Association provides no insurance coverage and that I am personally **required** to provide my own product liability and liability insurance.

Signature

Date