



ZION CANYON FARMERS MARKET
2011 SATURDAY VENDOR APPLICATION

NAME _____

FARM/BUSINESS _____

ADDRESS _____

MAILING ADDRESS (if different from above) _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

HOME PHONE _____ **BUSINESS PHONE** _____

CELL PHONE _____ **EMAIL** _____

I WILL BE SELLING (please mark all that apply):

____ **PRODUCE, HERBS, PLANTS, OR FLOWERS**

____ **EGGS ▲**

____ **CHEESE, DAIRY, etc. ▲****

____ **HONEY▲****

____ **VALUE-ADDED AGRICULTURAL GOODS: JAMS, JELLIES,
PRESERVES, etc. ▲****

____ **BAKED GOODS, BEVERAGES ▲****

____ **AGRICULTURAL RELATED CRAFTS ☎****

____ **OTHER ☎**

▲ Must comply with State and/or County health requirements

☎ With Market Committee prior approval

PLEASE LIST ALL THE PRODUCTS YOU PLAN TO SELL AT THE MARKET:

I HAVE READ THE ZION CANYON FARMERS MARKET GUIDELINES AND THE HOLD HARMELSS CLAUSE AND APPLICATION AND AGREE TO THE TERMS OF THE ZION CANYON FARMERS MARKET. Compliance with all rules and regulations of the Utah Dept. of Agriculture and Food, and the US Food and Drug Administration and all other regulating agencies is the sole responsibility of the vendor.

Hold Harmless Clause

Vendors assumes full responsibility for the products they market or sell and hereby agree to hold the Zion Canyon Farmers Market Committee, Town of Springdale, and Bit and Spur Restaurant harmless against any claim of injury, or damage of any buyer, seller, or other persons resulting from the use, consumption, disposition, display or marketing of seller's products.

The Zion Canyon Farmers Market Committee, Town of Springdale, and Bit and Spur Restaurant are not liable for any injury, theft, or damage to either the buyer or seller, or their property arising out of or pertaining to preparation for or participation in the Zion Canyon Farmers Market; whether such injury, theft, or damage occurred prior, during or after the Zion Canyon Farmers Market, vendor agrees to indemnify and hold the Zion Canyon Farmers Market Committee, Town of Springdale, and Bit and Spur Restaurant, harmless for and against any claims for such injury, theft, or damage.

SIGNED _____ DATE _____

PLEASE PRINT NAME _____

**** I HAVE STATE OR COUNTY VENDOR REGISTERED FOOD PRODUCTS AND HAVE COPIES OF ALL LICENSES OR CERTIFICATES REQUIRED BY THE COUNTY OR THE STATE TO DISPLAY AT MY BOOTH AND FOR THE MARKET MANAGER.**

MY SSN or Tax ID No. is: _____

SIGNED _____ DATE _____

BRING COMPLETED FORM TO YOUR FIRST MARKET.

QUESTIONS? PLEASE CALL:

Lisa Zumpft 772-0435

or

EMAIL: zioncanyonfarmersmarket@zionharvest.org

THANK YOU FOR YOUR SUPPORT! WE LOOK FORWARD TO SEEING YOU AT THE ZION CANYON FARMERS MARKET!!