



# Parkersburg Downtown Farmers' Marketplace

## 2012 Vendor Application

### VENDOR INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

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

### LIABILITY INSURANCE INFORMATION

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

Policy Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

*Please include a copy of your insurance policy with this application for our records*

### PRODUCTS TO SELL AT MARKET

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Please circle Yes or No

<b>Fruits</b>	Yes or No	<b>Dairy Productions</b>	Yes or No
<b>Vegetables</b>	Yes or No	<b>Bedding plants</b>	Yes or No
<b>Herbs</b>	Yes or No	<b>Potted plants</b>	Yes or No
<b>Flowers</b>	Yes or No	<b>Baked goods</b>	Yes or No
<b>Ornamental produce</b>	Yes or No	<b>Jams/Preserves</b>	Yes or No
<b>Honey/Maple Syrup</b>	Yes or No	<b>Wood/Fleeces</b>	Yes or No
<b>Eggs</b>	Yes or No	<b>Hay/Straw</b>	Yes or No
<b>Poultry</b>	Yes or No	<b>Approved farm-based crafts</b>	Yes or No
<b>Red Meat</b>	Yes or No	<b>Homemade Soaps</b>	Yes or No
<b>Fish</b>	Yes or No	<b>Value -Added farm foods</b>	Yes or No
		<b>Other</b> _____	

### Farm to Market Consignment Table (FMCT) Vendors Only

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Will you be participating in the FMCT program? Yes or No. If yes, please continue to fill out this application and review the FMCT Guidelines and Procedures. Upon being admitted to the Market, you will have to complete a FMCT agreement with the Market Manager.

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**FARM DESCRIPTION**

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Acres: \_\_\_\_\_ Full Time or Part Time: \_\_\_\_\_ Years as a producer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Directions to farm: \_\_\_\_\_  
\_\_\_\_\_

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**ELECTRONIC BENEFIT TRANSFER (EBT) CARDS**

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Through the Federal Government's Supplemental Nutrition Assistance Program (SNAP), the Downtown Farmers' Marketplace accepts Electronic Benefit Transfer (EBT) Cards. These cards can be used to purchase fruits, vegetables, breads, cereals, meats, fish, poultry and dairy products. If you sell these items, please check with Market Manager as to how the program is administered.

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**WIC and Senior Vouchers**

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If you are a vendor and sell the aforementioned items, you may be eligible to accept WIC and Senior Voucher coupons issued by the State of West Virginia. Please indicate here if you would like more information:  Yes  No

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**CREDIT CARDS**

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To better accommodate customers, the Marketplace can facilitate Visa, Master and Discover Card purchases. If you like to learn more about how you can accept debit/credit purchases at your booth, please check here:  YES  NO

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**VENDOR AGREEMENT**

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Your signature below indicates that you have read the 2012 Market Rules and Regulations for the Parkersburg Downtown Farmer's Marketplace and agree to follow those regulations for the market season.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Please mail your application and supplemental materials, including the Liability Waiver Form and Product Calendar to:**

Attn: Rickie Yeager  
Downtown Farmers' Marketplace  
One Government Square  
Parkesburg, WV 26102

**NOTE:**

Vendors are encouraged to submit their applications as soon as possible, as space is limited at the Marketplace. However, applications will be accepted throughout the market season (May-October).

# Parkersburg Downtown Farmers' Marketplace

## 2012 Liability Waiver Form

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2011, between \_\_\_\_\_  
Name of farm/business/owner  
and the Parkersburg Downtown Farmers' Marketplace.

I, \_\_\_\_\_, shall indemnify and agree to hold harmless the City of Parkersburg and the Wood County Commission from and against any and all liability, damage, expense, cause or action, suits, claims, penalties, or judgments arising from injury to person(s) sustained by anyone as a result of consuming food acquired from me and/or resulting in any way from the operation of my business establishment, stall/stand and or vehicle. Furthermore, I shall indemnify and agree to hold harmless the City of Parkersburg and the Wood County Commission for any goods damaged at the Market as a result of them being stored, transported and displayed.

I shall, at my own cost and expense, defend any and all suits against myself or the City of Parkersburg or the Wood County Commission resulting through my participation as a vendor. My failure in defending against any and all suits can result in the Parkersburg Downtown Farmers' Marketplace defending such suits at the vendor's expense.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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