

## 2024 Health/Wellness Vendor Application

**NWI's Producer Only Farmers Market** 

Wednesday 3-7 PM, April 10<sup>th</sup> – October 30th Second & Fourth Week

(Circle Desired Dates) April 10 - April 24 - May 8 - May 22 - June 12 - June 26 - July 10 - July 24 - August 14 - August 28 - September 11 - September 25 - October 9 - October 23

Name: Business name	:	
Address: City, State Zip:		
Phone Number: Email:		
TID # or Social Security #:		
Website:	Facebook? Y/N	Instagram? Y/N
Social Media Handles:		
Vendor Permit for 10x10' Booth (all fees must be paid up	p front):	
Single Day: \$30 5 Markets: \$150		
<b>Tent/Table Rental</b> (includes 1-10x10' tent with weights, 6' t	able, and table cloth)	
Single Day: \$30		
Summarize what you'll be promoting/selling at your bo	ooth:	
I hereby certify that I have read the Coffee Creek Farmers Market Rule abide by them. I agree to indemnify Native Roots Farm and AIL Coffe and directors from any liability due to damage and/or theft of merchan premises designated by persons mentioned above, and any claim for pethe Market. Vendors shall carry at least general liability insurance and Creek, LLC as Additionally Insured. Certificates must be provided.	es. As a participant in the Creek, LLC and the dise, goods, and wares ersonal injury relating to	he Market I agree to ir respective officers kept upon the to our participation in

(Signature) (Date)