

2023 Linton Farmers' Market Vendor Application

Please fill out completely and return to:

Amanda Smith
319 NE 6th Street
Linton, IN 47441

Or by email to farmersmarketlinton@gmail.com

VENDOR INFORMATION

Name of farm or business _____

Name of Primary Vendor _____

Name(s) of additional Vendors _____

Name of Stand Assistant _____

Mailing address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____ Text? Yes

Email _____ Website _____

PRODUCT AND PRODUCTION INFORMATION

List primary products you expect to sell at the 2023 Linton Farmers' Market.

(Meat, Dairy, Eggs) Number and type of animals you keep for Market purposes. N/A

(Meat) Name and address of state-inspected meat processing facility that you use. N/A

LICENSE AND PERMIT INFORMATION

List and provide copies of all licenses and permits required to sell your products. N/A

MARKET VEHICLE

What type of vehicle do you plan to use at the Market?

- Car Truck Truck with trailer SUV Van
- Other: _____

ELECTRICITY

Do you need a vending space with electricity available nearby?

- Yes No

OTHER PROPERTIES

Do you produce goods for sale at the Market on property you rent or lease but do not own?

- Yes No

MARKET BUCKS

Do you understand and agree to abide by all provisions set forth in the Market Bucks Vendor Agreement, including the acceptance of credit card tokens, gift cards, and coupons?

- Yes No

Are you eligible to and do you plan to accept SNAP benefits at the Market?

- Yes No

Have you received authorization from the State Department of Health to accept WIC and Senior FMNP Benefits and do you plan to accept these benefits at the Market?

- Yes No

VENDOR FEES

Market Season (May 20th-Labor Day Weekend)

- Early Season Vendor: \$120.00 Prior May 1, 2023
- Late Season Vendor: \$150.00 May 1, 2023 and after
- Early Day Vendor: \$10.00 (before 6:00 pm Thursday)
- Late Day Vendor: \$15.00 (after 6:00 pm Thursday)

This Agreement is not effective until approved by the Market Manager.

Primary Vendor's Signature

Date

Market Manager's Signature

Date

For Office Purposes Only

- Cash Check No. _____ Amount: \$