

Clayton Farm and Community Market Vendor Application

Revised April 2016 – March 2017

Please read the Guidelines for the Market. Fill out and return the Membership Application, Vendor Application, and Newsletter Information forms.

Business Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

E-mail address: _____

Web site address: _____

Is this business a farmers' cooperative? Yes: _____ **No:** _____

(If so, attach a list of the participating members, including their names and contact numbers.)

Farm number, if applicable: _____

List any other applicable licenses and certifications. Please attach copies of licenses or certifications as necessary: _____

The Clayton Farm and Community Market strongly encourages all vendors to carry their own liability insurance policy.

Please list all items that you are requesting permission to sell below. (Refer to definitions of these categories in the Guidelines for the CFCM.)

Produce and plants:

Other fresh farm products:

Value-added farm products:

Arts and Crafts (provide photos and/or samples of your work):

I am a member of the CFCM Association:

Yes_____ No_____

I would like to become a member of the CFCM Association and have attached a copy of my registration and the check for my annual dues.

Yes_____ No_____

Terms of Agreement

Signing this application indicates that I have read and agree to abide by the terms, requirements, and guidelines of the Clayton Farm and Community Market. My signature further indicates that I have read, and that I understand and agree to the following waiver of liability:

The undersigned does hereby release from all liability and agree to hold harmless the Clayton Farm and Community Market, the market association’s Board of Directors, and the Town of Clayton for any injury or damage suffered or incurred by the undersigned or by employees, volunteers, or representatives of the undersigned in their activities upon the premises of the Clayton Farm and Community Market. The undersigned also agrees to exonerate and hold harmless both the Clayton Downtown Development Association and the Town of Clayton from any and all liability for injury or damage to their persons caused by the activities of the undersigned or its employees, volunteers, or representatives upon said premises, including, but not limited to, any costs, including attorneys’ fees, incurred by the Clayton Downtown Development Association and the Town of Clayton in defense thereof.

Vendor Signature: _____

Date: _____

Please return this completed application forms and all attachments to the Clayton Farm and Community Market Association.

Mail to:

Clayton Farm and Community Market
PO Box 1452
Clayton, NC 27528

Note: All enclosed checks must be made payable to the **Clayton Farm and Community Market.**

For office use only

Date received _____ Check# _____ Approved date _____