

Carthage Area Chamber of Commerce
Farmers Market Registration Form

ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE FARMER'S MARKET COMMITTEE.

***REQUIRED FIELDS**

*Company Name: _____ *Phone: _____

*Contact Person: _____ *TAX ID# _____

*Address: _____

*Emergency contact Name: _____ Phone # _____

Website: _____ *Email: _____

*Type of Product(s): _____

Do you participate in any of the following programs? FMNP Number _____

(FMNP) Farmers Market Nutrition Program SNAP Senior Coupons WIC Other

I am a currently a Chamber of Commerce member: Y/N (circle one)

SEASONAL BOOTH RENTAL FEES AS FOLLOWS:

Non-Member **INSIDE pavilion** = \$130.00 (if available)

Chamber Member **INSIDE pavilion** = \$110.00 (if available)

Non-member **OUTSIDE space** = \$100.00

Chamber member **OUTSIDE space** = \$80.00

(Spaces are not guaranteed until payment is received-in full)

WEEKLY FEES:

(If space is available)

Inside Pavilion \$25.00

Outside Pavilion \$20.00

Number of Booths: (limit 2) _____ Booth Fee: \$ _____ x # _____ = \$ _____

Do you need electricity: Y/N (circle one) If yes, add \$10.00 for the season \$ _____

TOTAL ENCLOSED: \$ _____

****The undersigned agrees to, at all times, indemnify and save harmless, the Carthage Area Chamber of Commerce against all claims, demands, actions or causes of action arising or growing out of any loss or damage to property or injury to or installation, use, maintenance, state of repair or presence of any kind of my stand or vehicle, booth or other installation or structure of any kind at the Carthage Area Chamber of Commerce Farmer's Market and will pay to the Carthage Area Chamber of Commerce the full amount of any loss or damage which it may sustain, incur or become liable for on account thereof.**

*SIGNATURE: _____ (Required) *Date: _____