



Madison City Farmers Market

2025 Vendor Application

Email to: apply@madisoncityfarmersmarket.com

Contact Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Farm / Business Name: _____

Farm / Business Address: _____

Website address: _____

Business Social Media page(s): _____

FARMER - Acres in production: _____ (A farm inspection may be required - see market rules for details.)
 A Grower's Permit must be provided before first market attended. Attached Will provide before first market
 Attached Certification for right to advertise **Organic** or **Certified Naturally Grown** produce.
 Are you registered to accept the new Farmers Market Nutrition Program (FMNP) cards? Yes No

ARTISAN - All items must be handcrafted and must be approved before they can be sold. Includes baked goods and food products not grown by the farm. Please attach photos of products, packaging and booth set-up, if available. (An inspection may be required.)

*** *NOTE: If you intend to sell farm products **AND** handcrafted items, please check **BOTH** boxes. ****

Electrical outlet needed (based on availability)
 Trailer parking near booth needed (based on availability)
 Handicap parking accommodation needed. Valid Handicap tag or placard required.

<p>SEASONAL Booth - \$500.00/year (40% savings over 33 weeks)</p>	<p>WEEKLY Booth - \$25.00/week (33 weeks = \$825.00)</p>
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Please check the dates that you **estimate** attending during the season:

I plan to attend all markets (33 weeks). *I plan to attend all markets **except** those marked below.*

8AM – Noon, Set-up starts at 7AM

<input type="checkbox"/> 04/12	<input type="checkbox"/> 04/19	<input type="checkbox"/> 04/26	<input type="checkbox"/> 05/03	<input type="checkbox"/> 05/10	<input type="checkbox"/> 05/17	<input type="checkbox"/> 05/24	<input type="checkbox"/> 05/31
<input type="checkbox"/> 06/07	<input type="checkbox"/> 06/14	<input type="checkbox"/> 06/21	<input type="checkbox"/> 06/28	<input type="checkbox"/> 07/05	<input type="checkbox"/> 07/12	<input type="checkbox"/> 07/19	<input type="checkbox"/> 07/26
<input type="checkbox"/> 08/02	<input type="checkbox"/> 08/09	<input type="checkbox"/> 08/16	<input type="checkbox"/> 08/23	<input type="checkbox"/> 08/30	<input type="checkbox"/> 09/06	<input type="checkbox"/> 09/13	<input type="checkbox"/> 09/20
<input type="checkbox"/> 09/27							

9AM – Noon, Set-up starts at 8AM

<input type="checkbox"/> 10/04	<input type="checkbox"/> 10/11	<input type="checkbox"/> 10/18	<input type="checkbox"/> 10/25	<input type="checkbox"/> 11/01	<input type="checkbox"/> 11/08	<input type="checkbox"/> 11/15	<input type="checkbox"/> 11/22
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2025 Vendor Application – continued

Please list/describe **ALL** farm products, foods or handcrafted items you intend to sell at the market.
Farmers - Excluding produce, please list time period listed items will be available for sale. *Example: pork - fall.*

Emergency Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

_____ By initialing, I understand if accepted to be a vendor at the Madison City Farmers Market, it is mandatory to provide and maintain a commercial general liability insurance policy. *See Rules and Guidelines for details.*

The undersigned hereby acknowledges that he/she has received a copy of and understands the **Madison City Farmers Market 2025 Rules and Guidelines**, which are attached, and agrees to abide by them. And, the undersigned agrees to be individually and severally responsible to the **Madison City Farmers Market** and/or the **Trinity Baptist Church** for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendor's negligence or that of the vendor's servants, agents or employees. All vendors hereby agree to indemnify and save the **Madison City Farmers Market** and/or the **Trinity Baptist Church** harmless from any loss, cost, damages and other expenses, including attorney's fees, suffered or incurred by the **Madison City Farmers Market** and/or the **Trinity Baptist Church** by reason of the vendor's negligence or that of its servants, agents or employees.

Signature: _____ Date: _____

EMAIL COMPLETED APPLICATION TO:
apply@madisoncityfarmersmarket.com

or

MAIL APPLICATION TO: Madison City Farmers Market, P.O. Box 2154, Madison, AL 35758
(No payments please)