

Monticello Farmers' Market Application Thursdays, May 27 through September 30, 2021 3:30pm to 7:00pm, early closing in Sept. Monticello Public Library Parking Lot

Farm Name	e:			· · · · · · · · · · · · · · · · · · ·	
Primary Se	ller Name:				· · · · · · · · · · · · · · · · · · ·
Names of A	Additional Sell	ers:			
Address:				City:	Zip:
					•
Cell Phone:					
					City:
availability?	? □ yes □ no w or produce al	ll items you inte	end to sell? □ ye	-	ou directly about product
					Department of Agriculture? pt. of Agriculture.
Minnesota S	Sales Tax ID nun	nber (if applice	able)		
Please prov	ide a list of the	items you plan	to selle (attach a co	parate sheet if necessary	a.
	ide d'iisi of ille		1 10 3CII. (dildcii d se	parate sheer it necessary	
Please check	all the dates yo	ou plan on atten			
□ May 27	□ June 43	,		□ Sept. 2	
	□ June 10 □ June 1 <i>7</i>	□ July 8 □ July 1 <i>5</i>	-	□ Sept. 9 □ Sept. 16	
	□ June 24	□ July 22	□ August 26	□ Sept. 10	
		□ July 29	3	□ Sept. 30	
Please chec □ I have read		de by all Monticel	lo Community Cente	er Farmers' Market p	policies
buyer or seller whether such in	r, or their property njury, theft, or dan	r, arising out of or nage occurs prior,	pertaining to the p during or after the	reparation for or po Farmers' Market. S	for any injury, theft, or damage to either the articipation in the Monticello Farmers' Market, teller further agrees to indemnify and hold the ims for such injury, theft, or damage.
		•	my own general lia ovide this coverage.		ability insurance because the City of Monticello
Signature o	f Primary Selle	r:			Date:
Your applications revendors selling	on must be accomp eceived first will be g products which w	panied by full pay e considered first. ill enhance the va	riety of the market.	given to past partici Applications receiv	ipants in good standing with the market and to eed by March 1 will be notified of their status b bws. Checks will be returned to unaccepted
Please chec	k one: □ Ve	hicle Booth—	\$120	□ Non-veh	nicle Booth—\$90
			•		generator use, vendor disability)
Mail applic	505	ntion: Farmers Walnut Street,	' Market Suite 4		
Maka chasks :-		ticello, MN 55		redit Card Informati	ion
	-	-	enter. Or include C		
Card Number			_	Signatore: Expira	



APPLICATION CHECKLIST

As a vendor, the following items/forms must be complete and submitted with your application.

Ш	Booth payment (check or credit card)
	ST-19 - Operator Certificate of Compliance
	Vendor Token Agreement Form
	W-9
	Direct Deposit (optional)
	Certificate of Insurance
	Cottage Food License (copy) if selling baked goods or canned goods https://www.mda.state.mn.us/food-feed/cottage-food-producer-registration
	Proof of Insurance Vendors must carry general liability/product liability insurance in the minimum amounts of: \$1,000,000 per occurrence AND \$1,000,000 aggregate of general liability insurance. The City of Monticello MUST BE LISTED as an additional insured on your policy for the dates of the Monticello Farmers Market and shown on the Certificate of Insurance as such. Your insurance agent can also provide this to us directly by emailing sara.cahill@ci.monticello.mn.us. Send your Certificate of Insurance form, please do not send a copy of your insurance policy.