HIGHLAND FARMERS MARKET
VENDOR APPLICATION 2011

Please provide your contact information.

Your Name	Your Address
Farm's Name	Farm's Address, if different
Phone Number	E-mail Address

Please list: the type of Produce that you anticipate selling; the dates you expect to have the produce available for sale and where the produce is grown.

Type of Produce	Expected Dates Available	Location Grown

Please list the **other** Farmers' Markets in which you participate and the dates that you anticipate attending.

	Farmers' Market	Dates Attending

Please check **ALL** weeks you plan on attending the Highland Farmers Market:

June 4	
June 11	
June 18	
June 25	
July 2	
July 9	
July 16	
July 23	
July 30	
August 6	
August 13	
August 20	
August 27	
September 3	
September 10	
September 17	
September 24	

I certify that I have received a copy of the Highland Park Farmers' Market Vendor Guidelines, and agree to abide by the rules contained therein.

I certify that I carry the insurance as required by the Highland Park Farmers' Market Vendor Rules, including product liability insurance and workers' compensation insurance, if required.

I certify that the information I have provided above is true and accurate to the best of my knowledge, and that I will promptly notify the Highland Park Farmer's Market of any changes thereto.

Signed by _____ on _____, 20__.

Sign Name

Print Name

Name of Farm

Please return the completed form and $30.00 application fee to:

Brianna Carter Market
Manager Highland Farmers
Market 790 Cleveland
Ave. S. St. Paul, MN
55116