



ASSIGNED STALL NUMBER \_\_\_\_\_

## Salem Farmers Market Vendor Application

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

VEHICLE MAKE & MODEL: \_\_\_\_\_

VEHICLE LICENSE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### TYPE OF RENTAL DESIRED:

Daily	_____	Date(s)	_____
Monthly	_____	Month(s)	_____
3-Months	_____	Months	_____
6-Months	_____	Months	_____
Full Season	_____		

Do you produce your own product(s)? \_\_\_\_\_ State Sales Tax ID.# \_\_\_\_\_

**PRODUCTS TO BE SOLD AT THE FARMERS MARKET (PLEASE BE SPECIFIC):**

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

**WAIVER:** I (we) hereby relieve the City of Salem, Virginia, its agents and employees, from any and all liability for any damage, loss, injury or costs associated with or arising from the Applicant's use and presence at the Salem Farmers Market; and furthermore, I (we) agree to indemnify and hold the City of Salem, Virginia, harmless from all claims, costs and actions occasioned by me for the use and presence at the Salem Farmers Market.

I (we) have read and understand all the regulations of the Salem Farmers Market Vendors Handbook and agree to comply with these rules accordingly.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

*The City of Salem Farmers Market is open to all eligible vendors regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.*

Market Manager / Director \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_