If you would like to be considered as a vendor for the **2019 Season** of the **Mount Vernon Farmers Market**, please complete and submit the following application. This application also applies to **Second Saturdays on the Square** events.

**VENDOR INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vendor Business Name** | | |  | | |
| **Primary Contact Name** | | |  | | |
| **Primary Contact Email** | | |  | | |
| **Primary Contact Phone** | | |  | | |
| **Business Address** (street/city/state/zip) | | |  | **County** |  |
| **Business Website** (if applicable) | | |  | | |
| **Business Facebook Page** (if applicable) | | |  | | |
| **EIN** (Non-Profit Organizations only) | | |  | | |
| **Vendor Type**  (Indicate your vendor type “**X**”; refer to Market Guidelines for more detail) | **TYPE** | | **DESCRIPTION** | | |
|  | **Farmers Market** | Sell items that are locally grown or produced by the vendor (no reselling) | | |
|  | **Specialty Retail** | Sell items made or repurposed by the vendor; exceptions for unique items | | |
|  | **Wine/Beer** | Sell wine or beer from their winery or brew pub | | |
|  | **Concessions** | Sell food items for consumption on-site or packaged to-go | | |
|  | **Non-Profit Org** | Attend for promotion, donation, and/or education purposes | | |
| **Vendor Information** (Any other detail you may want to provide, such as your background or other services offered. Featured Non-Profit Organizations may also include your mission statement, goals, current needs, etc.) | | | | | |
|  | | | | | |

***NOTE:*** *The Market Manager will* ***primarily use email*** *for weekly follow up with all market vendors, with Facebook as an alternate method. Please monitor the email account listed above for market updates. Contact the Market Manager for other options if needed.*

**PRODUCT INFORMATION**

|  |  |
| --- | --- |
| **Product Description** (list all items you plan to sell and specify growing methods/ingredient types where applicable, such as: conventional, certified organic, organic farming practices, chemical-free, grass-fed, pastured, cage-free, etc.) | |
|  | |
| **Will you need electricity?** |  |

**PARTICIPATION DATES**

Farmers Market vendors may attend any dates listed below. Other vendor types may participate during the **Second Saturday on the Square** event dates (**\*SS\***). Please indicate when you plan to attend by placing an “**X**” next to the date.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAY** | | **JUNE** | | **JULY** | | **AUGUST** | | **SEPTEMBER** | |
| **Attend** | **Date** | **Attend** | **Date** | **Attend** | **Date** | **Attend** | **Date** | **Attend** | **Date** |
|  | 4th |  | 1st |  | 6th |  | 4th |  | 3rd |
|  | 11th **\*SS\*** |  | 8th **\*SS\*** |  | 13th **\*SS\*** |  | 10th **\*SS\*** |  | 14th **\*SS\*** |
|  | 18th |  | 15th |  | 20th |  | 18th |  | 17th |
|  | 25th |  | 22nd |  | 27th |  | 25th |  | 24th |
|  |  |  | 29th |  |  |  |  |  | 31st |

*Please note this is for planning purposes only and you are not obligated in any way to attend the dates selected.*

**INDEMNITY AGREEMENT**

Vendors are responsible for the quality and safety of what they sell and agree to not hold Mount Vernon Farmers Market, Mount Vernon Main Street Alliance, and the City of Mount Vernon, including its employees, representatives or volunteers, responsible for any claims arising from the sale of any products, the failure to obtain any necessary licenses or permits, the negligence of any vendor or their employees, representatives or agents, or for any claims and demands for injuries, damages or loss arising out of the sale of my product or my presence on the Market site.

**VENDOR STATEMENT**

By submitting this 2019 Vendor Application, I hereby acknowledge that I have read the **Mount Vernon Farmers Market Guidelines** and agree to abide by them. I further verify that I am responsible to obtain all necessary licenses, permits and have met all requirements to distribute or offer for sale all products listed on this application.

I have read and agree to the above **Indemnity Agreement** and **Vendor Statement**. For email applications, if the Authorized Vendor Representative listed below is the same person who sent the email, no signature will be required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Vendor Representative** |  | **Date** |  |

**APPLICATION SUBMISSION**

Completed applications may be submitted using one of the following methods:

**Email**: [MountVernonTXFarmersMarket@gmail.com](mailto:MountVernonTXFarmersMarket@gmail.com) (preferred for quickest response)

**Mail**: City of Mount Vernon, Attn: Mount Vernon Farmers Market, P.O. Box 597, Mount Vernon, Texas 75457

You will be contacted to confirm your application was received and of the approval decision. Please note that applying does not guarantee approval. Plan accordingly to allow for enough time for review and approval **prior** to your first desired attendance date. For same week approval, your application must be received no later than end of day Thursday.

**This application process is FREE and no fees will be assessed for the application or approval to attend the market.**

**QUESTIONS**

Please email Market Manager, Jessica Rodriguez, at [MountVernonTXFarmersMarket@gmail.com](mailto:MountVernonTXFarmersMarket@gmail.com). Or visit our website to learn more about our market at [www.MountVernonTXFarmersMarket.com](http://www.MountVernonTXFarmersMarket.com).

For Use by Market Manager Only:

|  |  |  |  |
| --- | --- | --- | --- |
| Application Received |  | Applicant Informed of Decision |  |
| Application Decision |  | Added to Website |  |