



Vendor Application
Downtown Greencastle Farmers' Market

Saturday Mornings 8:00 a.m. to Noon ~ May 21, 2011 – October 29, 2011
North Side of the Courthouse Square in Greencastle, IN

Please fill out completely. Print or type all information clearly. Please remit with the following payment:
Seasonal, All Saturday Markets (\$75 total) • Per Market Week (\$10 per week)

Return the information and appropriate fee to:

Friends of the Farmers' Market,
C/o Greencastle Civic League
P.O. Box 367, Greencastle, IN 46135.

Name of Vendor: _____

Business Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____

Email Address and/or Web Site: _____

Name of Stand Assistant: _____

Weekly _____ Seasonal _____ Electricity _____

Description of the items to be sold:

Our Greencastle City Ordinance requires information of a contact person who shall be available for a period of time of not less than sixty (60) days following the last date of business who could respond to consumer complaints, if ever a complaint occurred:

Name: _____ Address: _____

Phone Number: _____ Cell Phone Number: _____

By signing below, I agree to abide by all of the rules of the market stated in the attached guidelines and any other rules or regulations that may be created in the future by the Greencastle Friends of the Farmers' Market. Furthermore, I agree to abide by local, state and national laws. I release The Greencastle Civic League and the Friends of the Farmers' Market and its volunteers from liability and understand they are not responsible for accidents, inclement weather or theft. I verify that all of the information provided above is truthful.

Sign and Print Name

Today's Date