



Rock Hill Farmers Market
2019 Artist Application

Name(s): _____

Farm or Business Name: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

Business Phone: _____ E-mail: _____

Website: _____

Rock Hill Farmers Market Dates of operation:

Please check each date you plan on participating. Markets are on Saturdays 10am-1pm

June 1st _____

Aug 3rd _____

June 8th _____

Aug 10th _____

June 15th _____

Aug 17th _____

June 22nd _____

Aug 24th _____

June 29th _____

Aug 31st _____

July 6th _____

Sep 7th _____

July 13th _____

Sept 14th _____

July 20th _____

Sep 21st _____

July 27th _____

Sep 28th _____

*The Rock Hill Farmers Market will be held rain or shine

*Please call ahead if you need to cancel your space on a given date 845-397-0376

Stall Requirements: Stalls are 10' x 10' _____ (12' x 12' upon request to Market Manager): _____

Artists are responsible for bringing their own tent and table.

Do you need to work out of your vehicle? Yes ___ No _____. If yes, what type of vehicle? _____

All artists wishing to participate in the Rock Hill Farmers Market must pay a stall fee of \$20.

Describe Artwork you will sell at the market:

Market Agreement

I have read the vendor application and the Rock Hill Farmers Markets Rules and Regulations. If accepted into this market, I hereby agree to abide by the Rules and Regulations adopted by the Rock Hill Farmers Market (RHFV). I agree to sell only those items listed in the Vendor application form unless an additional request is granted by the Market Manager at a later date. I acknowledge full responsibility for all my actions and activities in the Market (and those assisting me) throughout the term of this season's market (June 1st- September 28th). I acknowledge the authority of the Market Manager to settle any disputes regarding product legitimacy; procedural and vendor conduct violations, and impose any penalties including possible suspension or removal from the market. I agree to allow the Market Manager or representatives from the Rock Hill Farmers Market committee to inspect with proper notice the premises where the products offered for sale are produced.

I certify that the information contained in this application is true and accurate.

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____

Indemnity Agreement

As a vendor I (we) agree to release, indemnify and hold harmless the Rock Hill Farmers Market, the Rock Hill Business and Community Association, GottLand, and each of their respective trustees, members, officers, directors, employees and representatives, from and against any and all matters, things, injuries, damage, cost, losses, liabilities, expenses, and claims arising out of, relating to, or with respect to the Rock Hill Farmers Market whether any such injury, damage, etc. is to person or property.

Accepted and Agreed to:

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____