

2018 Monticello Farmer's Market Vendor Contract

Thursdays, June 14 – October 4, 3-6pm
\$75 for entire season, \$10/week

Farm or Business Name: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone No: _____

Do you plan to be a seasonal vendor (\$75) or other (\$10/week) (if other, what dates will you attend): _____

List of all family members or other individuals in your operation who might be attending as your representative: _____

Homegrown Fruits & Vegetables (please list each type of produce you wish to sell): _____

Baked goods and honey (proper permits required): _____

Flowers, plants, herbs: _____

Arts and Craft items: _____

By signing below you certify that you have read the Monticello Farmer's Market Guidelines and will abide by the guidelines, as well as any applicable local, state, and federal laws, regulations, or guidelines. Furthermore, Monticello Main Street is not responsible for accident, injury, or illness resulting from the sale or consumption of items sold by you.

Vendor Signature: _____ Date: _____

Return this form, a certificate of liability, and money to: Monticello Main Street, Attn: Farmer's Market, P.O. Box 392, Monticello, IL 61856.