

Las Vegas Farmers Market ® LLC

Return application along with required documents and a photo of your product to khuebert@lasvegasfarmersmarket.com

VENDOR APPLICATION

Business Name:	
Product:	
Contact Person:	
Cellular Number:	
Email:	
Mailing Address:	
Prospective Start Date:	

Checklist of required documents [as they apply to your business]:

- General Liability policy (All Vendors)
- Business License (All Vendors)
- Health Permit SNHD (Food /Culinary or farmer sampling cut produce) health card
- Health permit(s) (each Food Handler)
- Non-Profit 501 (c)
- Growers Certificate (Farmers)
- \$50 Application Fee (New Vendors)

Please select which market you would like to attend:

- Wednesday Bruce Trent Park \$35
- Thursday Skye Canyon \$35
- Thursday Water Street \$35
- Friday The Henderson Pavilion \$35
- Saturday Downtown Summerlin \$75-DTS only- \$50 multi-site vendor
- Sunday Southern Highlands \$35

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VENDOR APPLICATION (Continued)

Each market requires a four week minimum, and is billed at the beginning of the month. Thirty Day notice required to exit or you will be billed for the entire month.

This contract is between one vendor and Las Vegas Farmers Market ® LLC.

All vendors are subject to approval. Eligible vendors are businesses and nonprofit organizations that support our mission and philosophy **"You must make it, bake it, grow it or sew it"**.

Once the Market has filled all of the vendor spaces, you will be placed on a vendor waiting list. When a space becomes available, we will contact those on the waiting list.

Las Vegas Farmers Market ® LLC reserves the right to refuse participation to vendors who have not arrived or completed set-up by 15 minutes prior. This contract may be terminated for any reason by the Market Manager.

No more than two absences will be tolerated unless approve by the Market Manager. **We operate a weekly market, please be consistent with respect to attendance.**

*Additional Las Vegas Farmers Market ® LLC proprietary document pages may be added for participation in EBT, SNAP, WIC or Senior Farmers Market Nutrition Programs.

I understand that I must provide an Insurance Certificate/General Liability Policy.

Initial here _____

I hereby release and hold harmless all associates of Las Vegas Farmers Market ® LLC and is sponsoring organizations, beneficiaries and all employees, volunteers or associates of above, from any and all responsibility , personal liability claims, including but not limited to theft, personal injury, public enemy, acts of god or other unforeseen circumstances beyond its control and to indemnity them for any damage arising from applicants' or associates, guests participation, in any of the Las Vegas Farmers Market ® LLC Events. Applicant agrees to keep in force a general liability policy and to notify Las Vegas Farmers Market ® LLC of any changes to insurance policies, residence, licensing and other relevant information. Vendor agrees to read, abide by and keep updated of policy procedures, rule and regulation changes on web site or in writing.

Initial here _____

By signing below, you acknowledge that you have read and understand the above and Rules and Guidelines and Expectations for the Las Vegas Farmers Market® LLC and agree to follow. Failure to do so will result in removal from the Market and exclusion from further events.

Signature _____

Date _____