

FARMER'S MARKET APRIL - NOVEMBER / 2024

Merchandise Vendor Form

Business/Organization: _____

CONTACT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

PLEASE INITIAL THE FOLLOWING STATEMENTS:

_____ I agree to pay a \$10 per week fee to secure my booth space.... or

_____ I agree to pay a \$100 fee to secure my booth space (attend a min. of 20 weeks/you get the full year).

_____ I understand that I will need to submit my **completed application, signed booth regulations and guidelines and booth fee** before my application can be considered.

_____ I understand that until I am given confirmation by event staff, my application is considered "In Review".

Please indicate the weeks that you are registering/paying for:

LIST ALL ITEMS TO BE SOLD:

Vendor Signature: _____



Return this form, Guidelines & Regulations and fee to:
Food Bank of NCA
1042 Highland Cir.
Mountain Home AR 72653
Questions regarding electricity, insurance, or other items?
Contact 870-499-7565 or grow@fbnca.org

FOR INTERNAL USE ONLY: Date Received: _____ Received By: _____ CASH _____ CHECK# _____ CREDIT _____ Amount _____

FARMER'S MARKET APRIL - NOVEMBER / 2024

Food Truck Vendor Form

Business/Organization: _____

CONTACT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE/EMAIL: _____

PLEASE INITIAL THE FOLLOWING STATEMENTS:

- _____ I understand there will not be power supplied, unless arranged with the vendor coordinator.
- _____ I agree to pay a \$10 per week fee to secure my booth space.... or
- _____ I agree to pay a \$100 fee to secure my booth space for the Farmers Market season.
- _____ I understand that I will need to submit my **completed application, signed booth regulations and guidelines, and proof of insurance** before my application can be approved.
- _____ I understand that until I am given confirmation by event staff, my application is "In Review."
- Please indicate the weeks that you are registering/ paying for: _____
- _____

LIST ALL MENU ITEMS AND PRICES:

Food Item:

Vendor Signature: _____



Return this form, Guidelines & Regulations & fee and Insurance to:

Food Bank of NCA

1042 Highland Cir.

Mountain Home AR 72653

Questions regarding electricity, insurance, or other items

please call 870-499-7565

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Vendor Booth Regulations and Guidelines

Food Truck & Merchandise Booth Spaces for Farmer's Market are: Each 12' x 12'.

Merchandise Vendors must submit a completed application with payment and signed Booth Regulations & Guidelines.

Merchandise Vendors may need to provide proof of Insurance. If proof of insurance for a merchandise vendor is needed the event staff will contact you.

Food Truck Vendors must submit proof of insurance of a current, \$1,000,000 liability insurance policy, and signed Booth Regulations & Guidelines.

Food Truck Vendors: The event staff will limit the number of similar food truck vendors within a certain area but will not guarantee exclusivity to any vendor. The event staff makes every effort to assign booth spaces to benefit all vendors. Vendors may not request specific booth spaces. The event staff reserves the right to make booth space changes at any time.

All Vendors must give a complete description of items to be displayed or sold.

All Vendors: Access to electricity will not be provided unless arrangements have been made with event staff.

All Vendors: Applications will be reviewed and processed on a first come, first served basis. You will receive a map including your booth number, set up and take down times and other necessary information prior to the week you are registered.

All Vendors: No refunds will be given for inclement weather conditions or cancellations for any reason.

All Vendors: Vendor acceptance is based on the understanding that the vendor will sell only those Items listed on their application. Additional items may not be sold without written consent from event staff.

All Vendors: - The following Items cannot be sold or distributed without express written consent from event staff: 1.) anything bearing the Farmer's Market or Food Bank of North Central Arkansas logo or the words "Farmer's Market" or "Food Bank of North Central Arkansas." 2.) Weapons of any kind (toys or real). 3.) Alcohol or tobacco products. This list is not all-inclusive. The event staff reserves the right to amend this list at any time. If event staff informs a vendor that a particular item cannot be sold, the item must be removed from the premises immediately.

All Vendors: Vendors must provide their own tables, chairs, canopies, tents, hoses, signage, extension cords, and anything else needed to operate their booth. If you are not sure, please contact us so we can let you know what to bring.

All Vendors: Vendors may not sublet booth space.

All Vendors: Vendors agree to operate during Farmer's Market hours of operation. Hours are currently set for 7:00am - 12:00pm on Wednesday and Saturday beginning Saturday April 6th through Saturday November 30th.

All Vendors: Farmer's Market hours are subject to change, if changes are made, you will be notified in advance.

All Vendors: Vendors will be allowed to bring their vehicles to a location near the vendor area for set up and take down (**before and after farmer's market hours only**). However, vendors will be required to park all vehicles away from this area during Farmer's Market operation.

All Vendors: Each vendor is responsible for dismantling and cleaning their booth area and disposing of all trash properly after the Farmer's Market.

All Vendors: The Farmer's Market, Food Bank of North Central Arkansas, City of Mountain Home and sponsors are not responsible for any accidents, damages, or theft taking place on Farmer's Market grounds.

All Vendors: If a vendor fails to comply with any of these guidelines, they may be dismissed from current and future events without a refund. Likewise, the Food Bank of North Central Arkansas and the City of Mtn. Home reserve the right to refuse or dismiss vendors with or without cause.

Building bridges from hunger to hope



870-499-7565

Vendor Signature: _____

FOR INTERNAL USE ONLY: Date Received: _____ Received By: _____