



Canton Community Center Farmers Market Application

210 North 7th Street, Canton, MO 63435

573-288-0550

www.cantoncommunitycenter.com

www.facebook.com/cantonmocommunitycenter



A Farmers Market Application Must be completed each YEAR and is only valid for that year during the designated operational times specified by the Canton Community Center. Applications MUST be received at the Center at least (10) ten calendar days PRIOR to operation. Submit all applicable permits with this application. All entrants must display the "Canton Community Center Permit" at your booth, failure to do so could result in dismissal of Market. If you have any questions filling out this form contact the Canton Community Center Director or designated Manager of the Farmers Market

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|--|----------------------------------|---|--|-----------------------|---|
| Last Name of Applicant | | First Name of Applicant | | MI | Date of Application |
| Mailing Address of Applicant | | City | | State | Zip Code |
| Primary/Cell/Home Phone of Applicant | Work Phone of Applicant | E-Mail of Applicant (email address are not shared/sold) | | | Opt out of newsletter <input type="checkbox"/> Yes |
| Official Name of Vendor | | | | | |
| Mailing Address of Vendor | | City | | State | Zip Code |
| Primary/Cell/Home Phone of Vendor | Work Phone of Vendor | E-Mail of Vendor (email address are not shared/sold) | | | Opt out of newsletter <input type="checkbox"/> Yes |
| Vendor Website: | | Vendor Facebook URL | | Vendor Twitter Handle | Vendor Instagram Handle |
| Have you sold at a Farmers Market Before ____ Yes _____ No | Location of Market (most recent) | | Have you been a Vendor under a different name before? If So Who? | | |
| Is your Items produced somewhere besides your mailing address ____ Yes _____ No | Total Acreage of your farm: | I would be interested in future years to accept SNAP ? ____ Yes _____ No | Size of Space requested ____10x10 ____Single Vehicle | | |

If items are produced somewhere besides your mailing address please specify where? Be specific if more space is needed include on separate sheet of paper, include street address, land owners name, and phone number of land owner if not Vendors.

Please list ALL items that you wish to sell, all items listed are not required each market, if additional items are requested to sell, please email the market manager a minimum of (10) ten calendar days prior to Market Day. The Manager reserves the right to deny any and all items listed. Please note it is the responsibility of the Vendor to ensure all applicable permits are obtained thru the Lewis County Health Department and State of Missouri.

I would be allowing samples _____Yes _____No
Please list below what samples will be provided, please note a food handlers permit may be required for this from the State of Missouri

I have read the rules and regulations of the Canton Community Farmers Market and agree to abide by them. I acknowledge that the products I sell at the market must be of my own production, grown/produced at the farm location(s) listed on my application. I understand the Canton Community Center has a zero tolerance policy concerning resale and that any vendor found selling anything that he/she did not grow or make will be banned from the market. I understand that if I am found not in compliance with any of the CCC-Farmers Market Rules and Regulations, I will receive one warning and if I continue to violate market rules, I will be dismissed from the market for the remainder of the season and possibly banned from future years. I acknowledge full responsibility for all of my activities in the market and for those assisting in my booth throughout the market season. Furthermore, I agree to accept the inspection of my farm by the market manager, director of the Canton Community Center and/or Board of Directors, during any time of the market season if deemed necessary by the market management. Furthermore, the Vendor, farm, any workers, or any other individuals that handle vendor items will hold harmless the Canton Community Center, the Manager, Board of Directors and any individuals, corporations, or sponsors, from any non-compliance by law, any illnesses that have been transmitted by my products, or any other legal repercussions that may result in becoming a vendor. As the vendor contact person, I understand that completion and signature of this document binds me by this agreement.

This Farmers market is provided by the Canton Community Center to the residents of Canton, and surrounding areas free of charge, however there are annual costs involved with keeping up and growing the Market, any and all donations to the Canton Community Center in care of the Farmers Market or daily operating costs, would be greatly appreciated. Any donation to the Center is a tax deductible donation to your organization. Thank you in advance for any donation!

If you are a new Vendor and you were "Referred" by someone, Please list member name: _____
If you were not "Referred" How did you hear about us?
 Past Vendor Facebook Website Friend Other _____

Photo Release
I grant permission to use photographs/video taken of me/my attendants for departmental advertisement use, for in print or social media. If I wish this to be exempt from photography and video I must notify the Canton Community Center by initialing here _____. The CCC can not control all media, and can not be held responsible for any not produced by us.

Signature (s)
I have been advised of the Terms and Conditions of the Farmers Market agreement and fully understand this agreement, IN WITNESS WHEREOF this Farmers Market Application has been executed by the undersigned parties on the date written below.

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|--------------------------|------|-----------------------------|------|
| Applicants Signature | Date | Applicants Printed name | Date |
| Market Manager Signature | Date | Market Manager Printed name | Date |

| OFFICE USE ONLY | | | |
|-----------------------|-------------------------------|---------|---------------------------------------|
| Date Submitted: _____ | Applicable License Name _____ | # _____ | Applicable License Name _____ # _____ |
| Approved Date: _____ | Applicable License Name _____ | # _____ | Applicable License Name _____ # _____ |
| Registration # _____ | Applicable License Name _____ | # _____ | Applicable License Name _____ # _____ |
| Space Assigned: _____ | | | |