

BATTLEFIELD FARMERS' MARKET, LLC MEMBERSHIP/RENEWAL APPLICATION



2018

A \$40 processing fee (non-refundable) must be submitted with this application.
All products sold at the Market **MUST** be grown or produced on your own property.

FARM OR COMPANY NAME _____

OWNER'S NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONES (_____) _____ (_____) _____

FAX (_____) _____ EMAIL _____

Type of operation: What do you grow, make, etc. (attach additional sheets or use back of form if necessary)

Farm _____

Artisan _____

Value-added _____

- * Please draw a map or write detailed directions to your farm or business on the back of this form.
- * If you will sell value-added, eggs, meat or prepared foods, submit a copy of all current inspection forms, business licenses and any other document that may be required.

FEES (Make check payable to Battlefield Farmers' Market)

1. \$40.⁰⁰ due yearly with application
2. \$ 5.⁰⁰ per market attended, payable at each market day

Present location is at the Walker Co. Ag Center.

Hold Harmless Clause and Insurance

All authorized vendors participating in Battlefield Farmers' Market are independent operators and not partners or joint venturers, and shall be individually and severally liable for any loss, personal injury, deaths, and /or any other damages that may occur as a result of the vendor's negligence or that of its employees, agents, and associates. All vendors are required to sign the Hold Harmless Clause included in the Market application. All vendors agree to indemnify and save Battlefield Farmers' Market, Market Board, and Walker County harmless from any loss, costs, damages, and other expenses including attorney's fees, suffered or incurred by Battlefield Farmers' Market by reason of vendor's negligence or intentional misconduct or that of its employees, agents, and associates; provided that the vendor shall not be liable for nor required to indemnify Battlefield Farmers' Market, Market board, and Walker County for the negligence of any of them or that of their servants, agents, employees or associates. (Because no insurance is provided at Battlefield Farmers' Market concerning vendors, **each vendor must carry his or her own personal and product liability insurance.**) **Furthermore, vehicle liability insurance is required to cover any damage caused to persons or property by a vendor's vehicle.**

I acknowledge that I have read and understand this application. I have been provided a copy of Battlefield Farmers' Market Standards that governs this operation and will abide by these policies. I further agree to allow representatives of the Market to visit the premises where the products I intend to sell are produced or grown.

Signed _____ Date _____

Mail this signed application with check made out to Battlefield Farmers' Market to:
Battlefield Farmers' Market, P. O. Box 134, LaFayette GA 30728