DOWNTOWN FARMERS MARKET, INC. APPLICATION 2010
(dba Falls Park Farmers Market)

PLEASE PRINT OR TYPE:

Business Name _____

Owner's Name(s) _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Fax/Cell _____ email _____

REQUIRED ATTACHMENTS

1. Product & Business Liability Certificate of Insurance
2. Copy of South Dakota Sales Tax License
3. Copies of all licenses & permits you are required to have to sell your product
4. The appropriate fee for the amount of stall space you need

List the products you intend to sell:

_____

_____

_____

List of qualified people who are allowed to manage your stall in your absence. These individuals must be knowledgeable about the products you sell and about the production methods you use to produce your products.

_____ _____

_____ _____

_____ _____

Number of stalls you need _____ x $212.00 = _____

The undersigned acknowledges receipt of the Downtown Farmers Market Inc. Foundational Rules and Membership Duties and Privileges. The undersigned agrees to comply with the Foundational Rules and Membership Duties and Privileges. Noncompliance with these rules and privileges will result in revocation of the privilege to participate in the market. The undersigned further certifies that he/she agrees to indemnify and hold harmless the City of Sioux Falls, Downtown Farmers Market, Inc., members of the Downtown Farmers Market, Inc's Board of Directors, from all damages, liabilities, costs and expenditures, including all legal fees, which may occur by reason of use of the designated site for the Downtown Farmers Market.

Signature _____ Date _____

Revised April, 2010