

DOWNTOWN FARMERS MARKET, INC. APPLICATION 2020 (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 all the products you intend to sell:

Insurance Provider: _____ Expiration Date: _____
Downtown Farmers Market must be listed as Certificate Holder.

South Dakota Sales Tax Number: _____

For Office Use Only	
Number of stalls (12' x 18') – Southwest side of the structure _____	x \$550.00 = _____
Number of stalls (12' x 24') – Northeast side of the structure _____	x \$655.00 = _____
Number of stalls (10' x 10') - North 20 Addition (no power/water/cover) _____	x \$445.00= _____
First time applicants will need to apply for the North 20 Addition (Fees include SD sales tax)	

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.

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, pavilion owners and tenants 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 2020