



# Vendor Application Turner Farmer's Market

PO Box 456  
Turner, OR 97392  
503-743-2155

### Contact Information

|                       |  |
|-----------------------|--|
| Name                  |  |
| Business Name         |  |
| Street Address        |  |
| City, State Zip Code  |  |
| Cell Phone Number     |  |
| Alternate Phone #     |  |
| E-mail Address        |  |
| Vehicle License Plate |  |

### Please describe the products you wish to sell and how they are produced:

### Do you have any special needs related to selling at the market?

**Booth Cost is \$10/week and must be prepaid, preferably in multiple week blocks.**

For Office Use Only

Receipt Number:

Date Stamp:

**Proof of Insurance, endorsed to include the “The City of Turner, its employees, officers, and volunteers” as additional insured listing the City of Turner and referencing the Farmers Market in the description box, is REQUIRED at least three days prior to participating in the Turner Farmer’s Market.**

**Proof may be dropped off at City Hall, 5255 Chicago St SE, mailed to PO Box 456, Turner OR 97392 or e-mailed to [apclerk@cityofturner.org](mailto:apclerk@cityofturner.org).**

### **Liability and Signature**

To the fullest extent permitted by law, you (the vendor) shall indemnify, defend and hold harmless The City of Turner and The Turner Farmer’s Market, their respective employees, directors, officers, agents, volunteers, and any other persons acting on their behalf from and against any and all claims, actions, suits, causes of actions, or demands which arise or are in any way connected with the acts or omissions of you, your employees, directors, officials, agents, volunteers, or persons working on your behalf.

I agree that I, the vendor, have read and understand this document. I understand the rules and requirements for vendors and agree to said rules.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

