

Name:		A.
Address:		
City: :	State:	Zip:
E-Mail:	Phor	ne:
Wednesday Afternoon Market:	Saturday M	orning Market:
The information I have given is correagree to be bound by all market rules Downtown Development Authority. I the Escanaba Farmer's Market may I	and regulations and understand that	as set forth by the Escanaba my privilege to participate in
Initial: Date:		
Produce:		
	CONTRACTOR NOTICE ASSESSMENT OF THE PARTY OF	
Product List:		
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License #:	
Indemnity Agreement	
I have read and agree to abide by all rules and policies and local laws, codes and regulations and to cooperate agree to indemnify and hold harmless any officers, direpresentatives and agents, from and against all liabil damages, levies and causes of action or suits of any na Farmers' Market.	e with Market management. rectors, employees, lity claims, demands, losses,
I understand that this application relates only to the pathis application and that any further products will refor approval. I certify that the products above are product, state and federal laws and grown or produced on this application.	quire an amended applicatio oduced in accordance with a
on this application.	
Vendor(s) Signature	Date
Vendor(s) Signature	
	Date  Contact Information  Judy Schroeder  Director  906-789-8696