



Palace City Farmers Market Vendor Agreement

Vendor Name _____

Contact Name(s) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Do you have an active SD sales tax license? YES ___ NO ___ License # _____

Production Location _____

List the specific products you plan to sell (including fresh, prepared or processed foods):

Number of 10' X 10' Stalls Needed 1 2 3 4

Vendor Fee Options (please circle one) Prepaid Whole Season Weekly

Names of qualified persons allowed to sell at your stall _____

I hereby waive any claim, case, demand, or other legal or equitable remedy against the James Valley Community Center and/or the City of Mitchell, its employees, agents, officers, etc., arising out of my participation in the Mitchell Farmers Market and do hereby agree to indemnify and hold harmless the City of Mitchell. The City of Mitchell will not be held responsible or liable for any damages caused to or by any vendors as a result of adverse weather conditions or situations that may arise. I acknowledge that the City of Mitchell does not provide me with insurance and all vendors must provide their own insurance.

Signature _____

Date _____

Office Use Only

Vendor Fee Payment Option Cash/Check/Other _____ Number of Stalls 1 2 3 4

Prepaid Whole Season pd _____

Notes

Pay Weekly

6/2	6/9	6/16	6/23	6/30
7/7	7/14	7/21	7/28	
8/4	8/11	8/18		
9/1	9/8	9/15		