



# Palace City Farmers Market Vendor Agreement - 2022

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 – 2022 Season

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

**Prepaid Whole Season** pd \_\_\_\_\_

5:30 – 7:30 pm. 5-7 pm, beginning September.

### Pay Weekly

6/8	6/15	6/22	6/29	
7/6	7/13	7/20	7/27	
8/3	8/10	8/17	8/24	
9/7	9/14			