## The Farmers Market at Libby 2025 VENDOR APPLICATION

Name:	FARMERS
Business Name:	AT LIBBY
Mailing Address:	
Phone(s):	
Email:	
Products you will sell at the market:	
Participation: The market is located at the corner of Hwy 2 and Idaho Ave, building. To help us plan our season, please circle the weeks you anticipate  May 1 8 15 22 29 June 5 12 19 26 July 3 10 17 24 31 Aug 7 14 21 2	next to the old Asa Wood e vending at the market:
Request a booth space: Each vendor booth space is 10 x 10 feet wide. Busi from the vendor booth between the hours of 3pm-6:30pm on Thursdays.	
☐ Full-Season Vendor Sales Booth: \$140 How many spaces?	
Half-Season Vendor Sales Booth: \$80 (May 1 - July 10 or	July 17 - September 25 )
☐ Single-Day Vendor: ☐ \$20 / <b>Day Sales Booth</b> - items or services that fit the mission ☐ \$20 / day <b>Fundraising Booth</b> and/or <b>Promotional Booth</b> sales, fundraising, promotions, tips, raffles and/or tickets that Farmers Market or promote local community and events	<b>1</b> -Includes income made by fit the Mission of the
\$10 / day Informational Booth - Share information, handon no exchange of money, no political or religious information allow	

I request to participate in The Farmers Market at Libby. My signature below indicates:

- I have read and understand the Farmers Market at Libby Rules, Responsibilities, and Guidelines, and I agree to operate under them. I realize that failure to do so may result in revocation of market participation privileges.
- I have read and agree to operate under the Montana DPHHS (Department of Public Health & Human Services) Food and Consumer Safety Farmers' Market Guidelines as they apply to me.
- I am responsible for my own belongings, products and booth space. I hold harmless and indemnify from all claims, damages or losses, The Farmers Market at Libby Board of Directors and Noble Investment Properties LLC.

- I understand that the market carries insurance for The Farmers Market at Libby, but not for individual vendors. I will provide my own vendor liability insurance, as is my responsibility.
- I understand that submission of this application does not guarantee acceptance. Prospective vendors will be notified of their application status once they have been reviewed by the Market Board

Signed:		
Date:		
Return completed application:	The Farmers Market at Libby P.O. Box 1396 Libby, MT 59923 Email: info@thefarmersmarketatlibby.com	
Regular Vendors Do you have business information you would like and facebook page?	to feature on the Farmers Market at Libby website	
$\square$ I wish to opt out. Please do not list or share my	information.	
$\square$ Please list my basic information (Name, Busin	ess, Address, Phone, Email, Products)	
☐ Please list my basic information and the following:		
Number of Years vending at this market Website or Facebook Page:	:?	
Other information you would like to sha	are:	
☐ Include a photo of my farm, business or pr	roducts.	
Send a digital photo to: <u>info@thefarmersmarketatlibby.com</u>		
to prohibit anyone who genuinely wants to participate		
☐ I would like to be considered for a Regular will send in a brief description of my situat info@thefarmersmarketatlibby.com	Market Vendor Sponsorship of \$140 (one space). I ion and business to:	
☐ I understand that not all sponsorship required informed via email either way.	ests will be able to be filled, but that I will be	