

# THE FARMERS MARKET

AT LIBBY



## 2025 Sweetheart Market

Saturday, February 8<sup>th</sup> 2025,  
10am-4pm  
The Libby Memorial Center

Email: [info@thefarmersmarketatlibby.com](mailto:info@thefarmersmarketatlibby.com)  
[www.thefarmersmarketatlibby.com](http://www.thefarmersmarketatlibby.com)  
P.O. Box 1396, Libby, MT 59923

The Farmers Market at Libby is excited to offer the 3<sup>rd</sup> annual Sweetheart Market on Saturday, February 8, 2025 from 10 am until 4 pm. The market will be held at the Libby Memorial Center. This event gives local artists, farmers, and craftsmen a venue to showcase and market their unique hand crafted and grown items with our supportive community.

Each vendor space is 10' by 10' and you will provide your own tables and display items. Vendor fee is \$45.00 for each 10x10 space and due February 1, 2025.

Please make checks payable to **The Farmers Market at Libby**, these can be mailed to the market at P.O. Box 1396 Libby, MT 59923.

Feel free to contact us via email at [info@thefarmersmarketatlibby.com](mailto:info@thefarmersmarketatlibby.com) if you have any questions.

# 2025 Sweetheart Market VENDOR APPLICATION



Name:

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Business Name:

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Mailing Address:

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Phone:

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E-Mail:

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Number of 10X10 Vendor spaces @ \$45.00 each:

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Total amount enclosed with this application: \$

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Description of items to be offered at your booth:

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Make checks payable to “The Farmers Market at Libby”

Return this application to:

The Farmers Market at Libby, P.O. Box 1396, Libby, MT 59923

Scanned or photographed copies may be sent to:

[info@thefarmersmarketatlibby.com](mailto:info@thefarmersmarketatlibby.com)

**Read and sign the vendor agreement on the reverse side of this page.**

# 2025 Sweetheart Market

## VENDOR APPLICATION



By signing this agreement, I agree not to hold The Sweetheart Market, The Farmers Market at Libby or its organizers, liable for any loss or damage to my person or product during the span of this event.

I agree to have my booth set up by the 10 am market open time. Set up will begin at 8 am. I will not pack away or take down any portion of my booth until market closes at 4 pm. I agree to have my booth and all product removed by 6 pm. My area will be left clean and free of debris.

I agree that I am responsible for bringing my own tables, chairs and display items.

I understand that the standard Farmer's Market food vendor rules apply to this event. I agree to obtain all necessary licensing from the State of Montana if I am selling or serving food items.

I acknowledge that individual vendor liability insurance is my responsibility if I choose to acquire it.

My products are made, produced, or grown locally; or I feel that they fit into the theme of the event. The market organizers reserve the right to deny exhibit space to any vendor for any reason.

**Please return this application, along with the signed vendor agreement to and your payment to:**

The Farmers Market at Libby  
P.O. Box 1396  
Libby, MT 59923

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Signature

Printed Name

Date