



## 2020 VENDOR APPLICATION

The deadline for submission is **Friday, March 20, 2020.**

*City of Suffolk Division of Tourism will continue to accept applications after this deadline and throughout the market season. If vacancies become available, vendors will be selected at the discretion of Suffolk Tourism. If there are no vacancies at the time an application is received, the applicant will be placed on a waiting list and vendor fee will be returned.*

**Please keep your Market Policies and Procedures, and only turn in your application.**

Please return this **NOTARIZED** with your participation fee to:

Suffolk Farmers' Market  
City of Suffolk Division of Tourism  
524 North Main Street  
Suffolk, Virginia 23434

Make checks payable to **Treasurer, City of Suffolk.**

Full Name of Applicant (Please Print):

---

Business/Farm Name:

---

Mailing Address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Farm Location: \_\_\_\_\_ County / City: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT (Name & Phone): \_\_\_\_\_

---

**Farmers/Growers:** Please indicate the type of produce you will sell at the market so we can promote it.

Certified Organic  Certified Naturally Grown  Virginia Grown  Hydroponics  Home-Grown for Heroes  Free Range  Pasture Raised  Hydroponics  Other (Please specify): \_\_\_\_\_

**Vendor Category** (applicant may select up to **three**):

Produce  Bath and Body  Coffee & Specialty Drinks  Food Artisan/Baked Goods  
 Meat/Poultry  Seafood  Fresh Flowers/Plants/shrubs  Jellies/Pickles/Honey  
 Art & Photography  Dairy/Cheeses/Eggs  Concessions (cotton candy, snow cones, popcorn, etc.)  
 Handmade Crafts  Jewelry  Clothing & Accessories  Other (please specify): \_\_\_\_\_

**Please note that agricultural and food vendors have priority in the selection process.**

Vendors are required to submit a complete list of all products they wish to sell at the Market. All products offered for sale must be (required) be pre-approved by Market Management. If approved and should a vendor choose to add products to the original "approved list", a vendor must submit new products for review in writing a minimum of one week (seven days) before the vendor wishes to sell the product(s) at the market. Please submit a sample and/or photos of your product. Farm Vendors, we would like to schedule time to see your farming operation.

Do you grow or produce all of these items yourself?  YES  NO

The Market is a regional producer/processor-only market. Products must not be purchased for resale or grown outside the region (100-mile radius) without management approval. If you do not grow/produce the items yourself, describe in detail where the items are from:

Please approximate percent of total inventory you do not grow/produce yourself:

\_\_\_\_\_. **If any % of inventory is grown by you, it is a requirement for market staff to schedule a tour of your farm/garden for promotional advertisement.**

Do you or will you have a Business Tax & License by the start of the market opening?  YES  NO

Do you require electricity:  YES  NO (*not guaranteed?*)

Do you accept credit cards:  YES  NO

Do you participate in the Senior Farmer's Market Nutrition Program:  YES  NO

Are you interested in participating/receiving information about the SNAP/EBT Program and the Virginia Fresh Match (double dollars produce program)? :  YES  NO

Check One:

I request a standard pavilion vendor space (8'x8' space / \$60)

I request an extended pavilion vendor space (8'x16' space / \$100)\* *Limited quantity available and reserved for agriculture/food vendors only.*

I request an exterior tent space (10'x 10' space / \$60) tent NOT provided and must meet approved specifications.

I request an umbrella exterior space (8'x8' space / \$40) *Umbrella provided.*

I request First Saturday's Only (8'x8' space/ \$40) \*reserved for artisans only.

**\* 8'x16' extended spaces are reserved for farmers/growers only.**

I currently sell at these locations (circle and provide details).

**Business Bio** (for Farmers Market Website and Social Media): Please describe your business, how you got started, and/or something fun about yourself or your business:

## 2020 Market Dates

Please check the dates of every Market when you plan to participate.

### Saturday Market

9:00am-1:00pm

May 2

May 9

May 16

May 23

May 30

June 6

June 13

June 20

June 27

July 4

July 11

July 18

July 25

August 1

August 8

August 15

August 22

August 29

September 5

September 12

September 19

September 26

October 3

October 10

October 17

October 24

October 31

November 7

November 14

### SPECIAL EVENT MARKETS

Artisan Gift Fair:

November 21

Select if you would like to receive  
the Suffolk Artisan Gift Fair  
Application when available.

*\$15 participation fee*

December (Winter Market)

**TBD** if there is enough  
interest.

*\$15 participation fee*

### First Saturdays' Only

*\*only for Artisans\**

May 2

June 6

July 4<sup>th</sup>

August 1

September 5

October 3

\*\*\*Note\*\*\* There will not be any  
special activities planned on  
November 7 due to Artisan Gift  
Fair on November 21.

**THIS DOCUMENT MUST BE NOTARIZED**  
**Waiver of Liability and Hold Harmless Agreement**

Please Check:

- I have read and agree to abide by all City of Suffolk Farmers' Market policies and procedures.
- I, \_\_\_\_\_ (Vendor Printed Name), agree to not to sue the City of Suffolk, its agents, employees or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor / Releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
- I am fully aware of the risks involved and hazards connected with the Suffolk Farmers' Market, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of Vendor / Releasees or otherwise.
- I further hereby agree to indemnify and hold harmless the City of Suffolk, its agents, representatives, employees and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor / Releasees or otherwise.
- I understand that the City of Suffolk does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
- It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Vendor / Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with laws of the Commonwealth of Virginia and City of Suffolk ordinances.

In signing this agreement, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal on this \_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

COMMONWEALTH OF VIRGINIA, CITY OF \_\_\_\_\_

The foregoing Waiver of Liability and Hold Harmless Agreement was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_  
Notary Registration Number: \_\_\_\_\_