## Paris Market Square Farmers Market Application

	•		
Business/Farm name if applicable	Please check:	Non-	
	Grower	Grower	Artisan
Name of applicant:	Email		
Mailing address	City		Zip
Farm address	County	County	
Phone: Cell	Day:		Fax
	Others who may be sellin	g for me:	
certified organic :	name		Phone
	1		
I expect to be re-selling other growers products who not are registere	d		
YESNO	2		
I will be selling the following ( use the	e back of this page if m	ore space is need	
Crop/Produce	county grown:		Time of year available
Vegetables			
Fruits Plants or Flowers			
Fruits, Plants, or Flowers			
Please Check			
Eggs Dairy	Meat	Honey	Wine
Please list: Non- Produce items:	*All artisan items must be hand made original to artist. Artisans, Please use back of sheet to give details of Artisan work for sale. Please describe how it is original and using natural or agricultural products		
I have read and understand the stated rules and regulations for the Paris Market Square, Farmers Market, and agree to abide by them. I have met all local, state, and federal health, inspection, licensing, and permitting requirements prior to selling product at the market. I do not hold the City of Paris or the Market Manager liable for any property damage or personal injury that either my representative or I may incur while selling at the market. I accept full financial liability for my actions and all products that either I or my representatives sell at the Paris Market Square, Farmers Market. I further agree to indemnify, defend and hold harmless the City of Paris, its officers and agents from and against any and all claims and actions for injury, damage, or loss to personal or property or other liabilities or expenses whatsoever, including court cost and attorney's fees, related or arising out of me or my agents (') actions, omissions and operations in connection with the Paris Market Square, Farmers and Artisan Market			
Applicant Signature	Day Requested:	# of Tables	Cash Or Check #
Stall Fee: \$10 per day \$25 per month	Day neguesteu.	" Of Tubics	Cash of Check #
check Months requested MayJune July August Sept	OctNov	# of Tables -	Space assignment

City Staff Initials\_\_\_\_\_