



NORTH IOWA FARMERS MARKET 2018 YOUTH VENDOR APPLICATION

A youth vendor application is required if the vendor's business is operated by someone under the age of 18, or if a youth under the age of 18 will be working in the booth and no adult will be present. If you have questions about this application, please email us at niowafarmersmarket@gmail.com. Please print!

YOUTH VENDOR

Youth Vendor Name: _____ Age: _____

Business Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

I acknowledge that I have received and read a copy of the North Iowa Farmers Market Rules and Regulations. If I am accepted as a youth vendor by the North Iowa Farmers Market Board of Directors, I agree to abide by these rules and regulations. I understand it is not the responsibility of the North Iowa Farmers Market to supervise my actions as a vendor. I agree that I will be fully and completely responsible and liable for all acts, omissions and activities undertaken by me, as a vendor at the North Iowa Farmers Market. I further agree to hold the North Iowa Farmers Market, its Board of Directors and its Market Manager harmless for any liability arising from my failure to comply with the rules and regulations established by the Board.

Youth Vendor's Signature: _____ Date: _____

PARENT/GUARDIAN:

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

I acknowledge that I have received and read a copy of the North Iowa Farmers Market Rules and Regulations. If my child is accepted as a youth vendor by the North Iowa Farmers Market Board of Directors, I agree to abide by these rules and regulations. I understand it is not the responsibility of the North Iowa Farmers Market to supervise the actions of the youth vendor. I agree that I and my child will be fully and completely responsible and liable for all acts, omissions and activities undertaken by the vendor at the North Iowa Farmers Market. I further agree to hold the North Iowa Farmers Market, its Board of Directors and its Market Manager harmless for any liability arising from my or my child's failure to comply with the rules and regulations established by the Board.

Parent's Signature: _____ Date: _____

ON-SITE ADULT:

On-site Adult's Name: _____

Business Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

I acknowledge that I have received and read a copy of the North Iowa Farmers Market Rules and Regulations. If this applicant is accepted as a youth vendor at the North Iowa Farmers Market, I will agree to be in attendance at the market to supervise the youth vendor. I understand it is not the responsibility of the North Iowa Farmers Market to supervise the actions of the youth vendor.

On-site Adult's Signature: _____ **Date:** _____

Please return your completed application to:

North Iowa Farmers Market
PO Box 16
Mason City, Iowa 50402-0016

Youth vendor applications are reviewed by the North Iowa Farmers Market Board. Applicants will be notified by phone of the Board's decision. If you need any assistance with this application or have any questions, please email niowafarmersmarket@gmail.com.

Received on: _____ Board approved on: _____

