

## Munroe Falls Farmers Market Application

1. Your Name: \_\_\_\_\_
2. Farm or Business Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_
6. Phone(Work): \_\_\_\_\_
7. Email: \_\_\_\_\_ Website: \_\_\_\_\_

8. Fruit and Vegetable vendors, please list the crops that you grow and intend to sell:  
\_\_\_\_\_

B. List any produce that you might source from another local farmer:

\_\_\_\_\_  
\_\_\_\_\_

C. For non-produce vendors, please list the items you intend to sell: \_\_\_\_\_

\_\_\_\_\_

To ensure that the market is profitable for all, the Board reserves the right to limit the number of certain types of products per vendor.

9. If you are certified organic, please give your current certification number and agency: \_\_\_\_\_
10. Please provide names of employees or authorized representatives who will be attending the market:

\_\_\_\_\_

**I hereby declare that the above stated information is true. I agree to uphold all of the laws, ordinances and regulation of the United States, State of Ohio, Summit County governments, and the City of Munroe Falls. I/we further attest that I/we meet all of the licensing requirements and have the necessary proof of insurance.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Market Manager:** \_\_\_\_\_