

## 2019 CRAFT VENDOR APPLICATION

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address:

Contact phone number (normal business hours): \_\_\_\_\_

Contact phone number (Emergencies): \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Please describe the product(s) you would like to sell:

How are these products produced?

Percentage of materials used to make products sourced from NJ Farmers: \_\_\_\_ %

Have you sold these products at other farmers markets, festivals, fairs or events in the past? Yes      No

If Yes, please list (include dates):

Please indicate by checking the boxes below, the dates that you prefer to participate in the Market.

**May 11<sup>th</sup> – Opening Day/Garden Expo**

May 18		July 13		September 7	
May 25		July 20		September 14	
June 1		July 27		September 21	
June 8		August 3		September 28	
June 15		August 10		October 5	
June 22		August 17		October 12	
June 29		August 24		October 19	
July 6		August 31		October 26	

**PLEASE INITIAL ALL:**

- I have read and understand the vendor application: \_\_\_\_\_
- I have read and understand the Ag Center 2019 Farmers Market Rules \_\_\_\_\_
- I understand I must complete the indemnification document (Attachment 5) and submit it with this application \_\_\_\_\_
- I understand that if selected, I am responsible for obtaining and submitting any & all applicable licenses, permits & certifications by April 29, 2015 \_\_\_\_\_
- I am authorized to submit this application on behalf of the business named in this application \_\_\_\_\_

Will you allow the County to use photographs of you and/or your products for advertising, website ([www.burlcoagcenter.com](http://www.burlcoagcenter.com)) and social media?

Yes          No

**Signature** \_\_\_\_\_

**For** \_\_\_\_\_

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

**Mail to:** Burlington County Department of Resource Conservation  
 Attn: Farmers Market Manager  
 P. O. Box 6000  
 Mount Holly, New Jersey 08060-6000

**Email:** FarmMarket@co.burlington.nj.us

**Board of Chosen Freeholders  
of the  
County of Burlington**



**Department of Finance  
Division of Insurance & Risk Management**  
49 Rancocas Road  
P.O. Box 6000  
Mt. Holly, New Jersey 08060-6000  
Phone: (609) 702-7078  
FAX: (609) 702-7077

**Edward J. Troy  
Treasurer**

**Damon Burke  
Risk Manager**

**FARMERS MARKET/GARDEN EXPO 2019  
May – December 2019  
Burlington County Agricultural Center**

**DEFENSE AND INDEMNIFICATION AGREEMENT**

**PLEASE SIGN AND RETURN WITH APPLICATION**

**VENDOR NAME:**

\_\_\_\_\_  
*(Please Print)*

**VENDOR ADDRESS:**

\_\_\_\_\_  
*(Please Print)*

\_\_\_\_\_

Vendor hereby agrees to defend, indemnify and hold harmless the County and its officers, employees, servants and agents from all claims, suits or actions of every kind or character made upon or brought against the County and its officers, employees, servants and agents for or on account of any injuries or damages which shall arise, in whole or in part, out of, in the course of or as a consequence of any willful or negligent act or omission or tortuous act or omission of the Vendor, its employees, agents or subcontractors, in the performance of the said work or by or in the consequence of any negligence in the operations or any improper material or equipment used, or by or on account of any act or omission of Vendor or its servants, agents or employees. This indemnity shall include attorney's fees and costs and all other expenses incurred in the defense of any suit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date