

**Manchester Parks and Recreation Farmers and Artisan Market- Indoor
Every Saturday 7:00 am - 12:00 pm**

Winter Season October 5th to April 5th

Contact Person: _____ Business Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

How many spaces are you applying for? 1 Booth space (6'x6') 2 Booth Spaces (6'x12')

Daily Winter Season: Seasonal (Winter) Season:

Specific Description of Products:

Notes or Special Requests:

Social Media Pages? _____

Website URL (if you have one) _____

Basic Information

Brief Description of your business:

How long have you been in business? _____

Which Category Best Describes Your Business:

(Select All)

Farmer - Vegetables & Fruit

Farmer - Cut Flowers

Farmer - Fruit Only

Farmer - Meat, Dairy, Eggs

Farmer/Grower - Mushrooms, Microgreens, Potted Plants, Specialty

Beekeeper or Honey Supplier

Fisher or Fishery

Fish and/or Seafood Supplier

Baker - Sourdough, Baked Goods, Pastries, etc.

Ready-to-Consume Food and Beverage

Packaged food or Pantry/Grocery Item

Body Care


Art and Craft

Non-Profit or Public Service

Service Provider

Sponsor

I have read the Rules & Guidelines for the Manchester Parks and Recreation Farmers Market. I acknowledge that these Rules & Guidelines can always be found on the website if ever I need to revisit them. I hereby agree to abide by these policies presented in those documents. Further, I agree to sell only those items listed in this Vendor Application unless an additional request is granted by management at a later date. I acknowledge full responsibility for all my activities at the market (and for those assisting or employed by me) throughout the term of which I am accepted. I acknowledge the authority of the Market Manager and market management team to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or immediate removal from the market. I understand that these markets do not carry any insurance policies to cover individual participants and that I am required to carry such insurance. I UNDERSTAND FILLING OUT THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE, NOR RESPONSE and I will only be contacted upon acceptance and if I have questions I may reach out to ngonder@cityofmanchestertn.com

I have read and accept the preceding terms, conditions, rules and regulations: *(required)* 

I understand and accept that I must have at least \$1,000,000.00 in insurance to operate at each market: *Certificate of Insurance must be provided once accepted. (required)*

Yes

No

I certify that I will grow, produce, or make all the products that I intend to sell: *(required)*

Yes

No

I certify that if I do NOT grow, produce, or make my products myself that I will source honestly and responsibly: *(required)*

Yes

No

I agree to abide by the Manchester Parks and Recreation Farmers Market Rules: *(required)*

Yes

No

Signed: _____ Date: _____

Print Name: _____