

2017 Vendor Application Part 1
Irvington Farmers Market
Operated by the Village Improvement Association (VIA)
Lucy Schneider, Market Coordinator
P. O. Box 383, Irvington, VA 22480
Phone: 804-480-0697 irvingtonmarket@yahoo.com

Contact information (please print)

Business Name: _____

Contact Person: _____

Mailing Address: _____
(if different from 2016)

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

FaceBook: _____ Other Social Media: _____

Phone number(s): _____ Other Number: _____

Product(s) to be sold: _____
(List All) If you need more space please write on back of application, thank you!

Hold Harmless Agreement
Please initial each section and sign below

I, _____, agree to indemnify, defend and save the Village Improvement Association (VIA), its directors, volunteer workers and employees, The Town of Irvington and its respective officers and agents harmless from and against any and all claims, demands, suits, actions, liabilities, losses, damages, and other expenses, including attorneys' fees and expenses, suffered or incurred by VIA or the Town of Irvington by reason of the undersigned vendor's acts of omissions, and those of its servants, agents, employees and invitees.
_____ initial.

No insurance is provided by the VIA or the Town of Irvington to participants in the Farmers Market, and the VIA and the Town of Irvington shall have no liability to any vendor for any loss, damage, or expense suffered or incurred in connection with, or as a result of, such vendor's participation in the Farmers Market, regardless of the cause. The undersigned acknowledges receipt of a copy of the Market Regulations, and covenants and agrees to abide by the same. _____ initial.

I understand that it is recommended that I carry my own general liability and product liability insurance, as this coverage is not provided. Participation in the Irvington Farmers Market without proper insurance is at my own risk. I have attached a certificate of insurance to this document if applicable. _____ initial

I have read and agree to abide by all IFM Market Regulations. _____ initial

Signature of Applicant _____ Date _____

2017 Vendor Application Part 2

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Perimeter spaces (\$30 each)

Interior/middle spaces (\$25 each)

Indicate how many spaces each market you are requesting (ex. 1 or 2)

May 6 _____

June 3 _____

July 1 _____

August 5 _____

September 2 _____

October 7 _____

November 4 _____

Total Checked _____ multiply total times \$30 or \$25 = _____

New Vendor one-time fee* Add \$10 _____

Eligible for a Discount? _____

Total Enclosed _____

Make Checks/Money Orders out to VIA

Mail Only 2017 Vendor Application Parts 1 & 2 to the above address.

In the event we cannot confirm a space as requested or your application is denied because your product does not meet the Market Regulations, your vendor fee will be returned.