

# Albert Lea Farmers Market Application 2023

*Please Print*

Name of Primary Seller: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Minnesota Tax Number (if applicable) \_\_\_\_\_

Number of Market Stalls Requested:     One             Two

**Products you will be bringing to the Market**

Quick Breads <input type="checkbox"/>	Vegetables <input type="checkbox"/>	Bedding Plants <input type="checkbox"/>	Jams/Jellies <input type="checkbox"/>
Yeast Breads <input type="checkbox"/>	Strawberries <input type="checkbox"/>	Cut Flowers <input type="checkbox"/>	Salsa/Pickles <input type="checkbox"/>
Cookies/Bars <input type="checkbox"/>	Raspberries <input type="checkbox"/>	Potted Plants <input type="checkbox"/>	Honey <input type="checkbox"/>
Cakes <input type="checkbox"/>	Apples <input type="checkbox"/>	Herbs <input type="checkbox"/>	Maple Syrup <input type="checkbox"/>
Pie <input type="checkbox"/>	Melons <input type="checkbox"/>	Pumpkins <input type="checkbox"/>	Eggs <input type="checkbox"/>
Other Baked goods <input type="checkbox"/>	Crafts <input type="checkbox"/>		

Meat (State Approved)    Describe: \_\_\_\_\_

Craft Items    Describe: \_\_\_\_\_

Other:    Describe: \_\_\_\_\_

**Note: Any Changes in offerings must be pre-approved by Market Board**

I plan to sell at the Albert Lea Farmers Market on     Wednesday's Only             Saturday's Only             Both

I have read and agree to abide by all the current Albert Lea Farmers Market rules, and understand that violating these rules will be grounds for revoking my permit to sell. The market board reserves the right to review the applications of all new vendors before officially approving you to sell at this market.

I understand that I am responsible for carrying my own general liability and product liability insurance, and to the fullest extent permitted by law. I agree to hold harmless the Albert Lea Farmers Market and the City of Albert Lea, their officials, employees and volunteers against any and all claims or loss arising out of my participation in the above said Market.

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

Send completed application to Dan Jacobs, 68457 265th Street, Alden, MN 56009.