

## 2009 -2010 Columbus Winter Farmers' Market Application



Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Website URL \_\_\_\_\_  
 Directions to your farm \_\_\_\_\_  
 \_\_\_\_\_

Describe your business and list products you wish to sell:

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

**Insurance Company** \_\_\_\_\_ **Policy number** \_\_\_\_\_

**Columbus Winter Farmers' Market Space 8x8 is \$330.00 fees must be paid by Sept. 25, 2009.** Space is limited. **You must have all paperwork, completed application and fees paid & turned in 2 weeks prior to participating in the market. We appreciate your cooperation with this.**

Dates plan to participate in the Columbus Winter Farmers' Market no electric available  
 Nov. 14, 2009\_\_ December 5, 2009 \_\_ Jan 2, 2010 \_\_ Feb 6\_\_ March 6 \_\_ April 3 \_\_  
 Nov. 21, 2009 \_\_ December 12, 2009\_\_ Jan 16, 2010 \_\_ Feb 27\_\_ March 20 \_\_ April 17 \_\_

**Space fees**

Space at the market November 14<sup>th</sup>, through April 17<sup>th</sup> choose 1 of the 3 options listed below:

- \_\_\_\_\_ 1. \$330.00 if paid by Sept. 25, 2009 for all 12 markets.
  - \_\_\_\_\_ 2. \$360.00 after Sept. 25, 2009 for all 12 markets all fees.
  - \_\_\_\_\_ 3. Pay \$40.00 daily rate must be paid by Sept. 25, 2009 for each day you intend to do. All fees must be paid for all dates intended to do by Sept. 25, 2009
- \_\_\_\_\_ Electrical fee \$5.00 per day **electric is limited and on first come basis**

Mail this signed application form, and **your check made payable to Krist's Krafts**, a copy of your insurance and map to your farm and mail to: 1970 Marion Marysville Rd., Marion, Ohio 43302.

By signing below I certify that the items I am selling at the Columbus Winter Farmers' Market have been produced, grown, made, or manufactured by myself and or my immediate family. I give permission to the Columbus Winter Farmers' Market directors or its representatives to one or more inspections to verify the items listed above. I agree to comply with the Columbus Winter Farmers' Market rules, regulations & guidelines, and I agree to comply with all local, state & federal guidelines, licenses, & certifications. Once application is approved, fees are non-refundable.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Space Fee all 12 Winter Markets**     \$ \_\_\_\_\_  
**Space Fee Daily**                             \$ \_\_\_\_\_  
**Electric Fee Daily**                            \$ \_\_\_\_\_  
**Total Paid**                                     \$ \_\_\_\_\_

**Office use only:** Date payment received \_\_\_\_\_ Check # \_\_\_\_\_ Paid through \_\_\_\_\_  
 Inspection date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_