

2017 Vendor Application and Agreement



Business Name: _____

Street Address _____

City _____ State _____ Zip _____

Please Include My: Business Name: _____ Email: _____ Website: _____

On the 2017 Vendor List on the OFM Website and Facebook where applicable.

Primary Contact: _____ Phone: _____ Email _____

Others authorized to sell on your behalf: _____

Items Sold must be **HOME GROWN or HOMEMADE**. All vendors for prepared food items must obtain a St. Louis County Health Permit and present a copy to the Market Master for days of operation. Here is the website for the St. Louis County Health Department:

<http://www.stlouisco.com/healthandwellness/foodandrestaurants>

TYPES OF ITEMS TO BE SOLD:

- | | |
|---|---|
| <input type="checkbox"/> Raw Agricultural | <input type="checkbox"/> For Profit |
| <input type="checkbox"/> Value Added Agricultural | <input type="checkbox"/> Not For Profit |
| <input type="checkbox"/> Non-Agricultural | <input type="checkbox"/> Civic |
| <input type="checkbox"/> Prepared Foods | <input type="checkbox"/> Other |

Specific item descriptions or list: _____

Booth Purchase Information: Vendors may purchase a booth for the entire market season or weekly on a first come, first serve basis. Preferred selling schedule. (payment preferred with application). Make checks payable to *Overland Farmers Market*.

____ Season Pass - **\$250** ____ Double Space Season Pass (for 2 booth spaces) - **\$375**

____ Daily Pass - **\$15** (Fees are considered due when reservation is made and will be forfeited for no show without proper notification)

Please indicate dates you plan to attend: _____

Signing this application indicates your awareness of and agreement to the Overland Farmers Market guidelines. You are informed and will abide by state regulations regarding sales tax, weights and measures and public health requirements.

Signature: _____ Date: _____

Please Mail Completed Form and Fees to: OFM Vendor Committee, P.O. Box 142728, Overland, MO 63114 For Questions Call: (314) 769-6360

Name: _____

Phone: _____

Email: _____