

# Lakes Area Farmers' Market

## Vendor Application Sheet 2025

Vendor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Iowa Sales Tax Number Yes \_\_\_ No \_\_\_  
(if selling taxable items)

State License Needed? Yes \_\_\_ No \_\_\_  
(attach copy of license)

WIC Approved Yes \_\_\_ No \_\_\_

Check products to be sold:

\_\_\_ vegetables \_\_\_ jam and jelly  
\_\_\_ fruit \_\_\_ baked goods  
\_\_\_ crafts \_\_\_ other \_\_\_\_\_

**Liability insurance is required of all vendors.  
Proof of insurance must be submitted before  
set up is permitted**

I agree to indemnify and hold harmless the Lakes Area Farmer's Market and its volunteers, from any and all causes of action which may arise from the operation of this Farmers' Market, not caused by negligence of the Lakes Area Farmers' Market and its volunteers.

I grant permission for the Lakes Area Farmers' to use any photos, videotape, etc. taken of my products or me in any and all publicity and advertising promoting the market.

I agree to help in the promotion and operation of the Lakes Area Farmers' Market by participating in and helping with special events, advertising, demonstrations, or other activities that promote the market.

Vendors need to be committed to attending this market, Therefore, all vendors need to be present on Saturdays from June to Labor Day. Days we are outside are not counted. Check when you will attend:

Most Wednesdays and Saturdays \_\_\_\_\_

Just Saturdays \_\_\_\_\_

Exceptions may be made for illness or emergency with no more than 3 absences. Text or call Jan at 712-330-0949 with questions or if you feel you cannot attend. September 28 will be the closing day.

### 2025 Stall Fee

Season fees 10 ft. at \$115 \$ \_\_\_\_\_  
15 ft at \$140 \$ \_\_\_\_\_  
20 ft. at \$165 if available \$ \_\_\_\_\_

**Please make checks payable to:**  
Lakes Area Farmers Market

**Return completed, signed form and payment to:**  
Lakes Area Farmers Market  
P.O. 241  
Spirit Lake, IA 51360

### Check one:

\_\_\_\_\_ I am willing to contribute toward the market basket.  
If I fail to do so, I will pay a fine of \$20.

\_\_\_\_\_ I prefer to pay \$20 now instead of helping or contributing to the market basket.

By signing this application, I acknowledge that this agreement has been read and understood, and I will abide by the terms presented in the Vendor Rules and Regulations

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

Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, \_\_\_\_\_  
PRINT Vendor Name

Agrees to indemnify and hold harmless Lakes Area Farmers Market of Dickinson County Nonprofit, its officials, employees, and volunteers against any and all claims or loss arising out of participation in this Farmers Market.

My signature indicates that I have received, read, and agree to abide LAFM rules and regulations.

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

By: \_\_\_\_\_ (form MUST be signed)

\_\_\_\_\_

For questions or additional information see the LAFM website:

Filling out this application does not automatically make you a seasonal vendor for this LAFM.

Potential vendors go through a LAFM Vendor selection committee recommendation for approval by the LAFM board of Directors to become a seasonal vendor at this farmers market.