

2020 Vendor Application for HATTERAS ISLAND FARMERS MARKET

Name of Farm/Business: _____

Contact Name: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Web Site: _____

Business Phone: _____ Cell Phone (Required): _____

How did you hear about the Hatteras Island Farmers' Market? _____

Type of merchandise to be sold? _____

One-time Membership Fee (\$25) - NEW MEMBERS ONLY \$ _____

Full Season of Markets (\$120) \$ _____

Partial Season (\$10 per market) \$ _____

TOTAL ENCLOSED \$ _____

All authorized vendors participating in the Hatteras Island Farmers Market shall be individually and severally responsible for any loss, bodily or personal injury, deaths, and/or property damage that may occur as result of the vendor's negligence or that of its servants, agents, and employees. All vendors hereby agree to indemnify and save Coastal Harvesters Inc., its officers and employees harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by Coastal Harvesters Inc. by reason of the vendor's negligence or that of its servants, agents and employees. No insurance is provided by Coastal Harvesters Inc. to participants in the Hatteras Island Farmers Market. Participating vendors will be expected to purchase their own liability insurance. My signature indicates that I will adhere to the Policy Manual for the Hatteras Island Farmers Market.

Signature: _____ Date: _____

QUESTIONS? Contact Rick Anzolut at rick@coastalharvesters.org.

Mail this completed form and check payable to **Coastal Harvesters, Inc.** to:

Coastal Harvesters, Inc.

P.O. Box 906

Buxton NC 27920

CHI/HIFM USE ONLY

DATE REC'D: _____ CHECK #: _____ AMOUNT: _____