PLEASE PRINT

Sundays: 9:00am to 1:00pm: June 21, 2020 through October 4, 2020

Location: 7800 Golden Valley Rd, Golden Valley, MN
(behind Golden Valley City Hall/under the water tower)

Submit applications to:
Market in the Valley
PO Box 271013
Golden Valley, MN 55427

Date: _____________________

New Youth Entrepreneur    Returning Youth Entrepreneur (circle one)

CONTACT INFORMATION
Name: __________________________

Age: _______

If under age 14, must be accompanied at all times by a parent or guardian

Name of Parent /Guardian:

________________________________________________________________

Street Address:

________________________________________________________________

City: __________________________ State: ___________ ZIP __________
Best Phone # to reach you:

___________________________ Alternate: _______________________
FAX: _________________________ Email: _________________________
Website: _______________________

_____Check here if you DO NOT want to have your phone/email posted on the
Market website and informational publications
PRODUCT INFORMATION (only answer applicable questions)

Please provide a description of items you intend to sell at the market. **Items not listed and approved by Market staff may not be sold at the market.** Attach additional page(s) if necessary. Please include photographs:

________________________________________________________________

____________________________________________

_____________________

_______________________________

___________________

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CALENDAR

Please check ALL weeks you plan on attending the market:

June 21 _____  July 19   _____  August 16 _____  September 13 _____
June 28 _____  July 26   _____  August 23 _____  September 20 _____
July 5   _____  August 2   _____  August 30 _____  September 27 _____
July 12   _____  August 9   _____  September 6 _____  October 4     _____

**Total Number of weeks: ______________**

**Fees for Vendor Booth Space**

All Youth Entrepreneurs are allowed 2 free spaces per season. Additional weeks can be requested for a fee of $25.00/week. Alternatively, additional weeks can be requested in exchange for 4 volunteer hours/week at the Market. Please make this request in writing.

*The rest of this page is left intentionally blank*
Please read the following and check:

_____ I have read and agree to abide by all 2020 Market in the Valley guidelines.

_____ I agree that Northwest Community Farmers Market Connection DBA Market in the Valley (Market in the Valley) and the City of Golden Valley, and their respective officers, employees, agents and consultants are not liable for any injury, theft, or damage to either the buyer or seller, on their property, arising out of or pertaining to preparation for or participation in Market in the Valley; whether such injury, theft or damage occurred prior, during, or after Market in the Valley, Business/Farm further agrees to indemnify, defend and hold harmless Market in the Valley and the City of Golden Valley and their respective officers, employees, agents and consultants for and against any claims for such injury, theft or damage.

_____ I understand that it is required that I carry my own general liability and product liability insurance, as Market in the Valley does not provide this coverage.

_____ Each youth entrepreneur must provide their own table, tent and chairs.

_____ Market in the Valley periodically takes pictures and video of people participating in/attending Market in the Valley for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and myself for this purpose.

Market in the Valley shall review and approve all youth entrepreneur applications before a youth entrepreneur can participate in Market in the Valley.

Completed applications are due no later the May 1, 2020. Applications after May 1, 2020 will be considered as space allows.

During selection of vendors Market in the Valley shall not discriminate on the basis of race, color, creed, religion, ancestry, national origin, sexual orientation, disability, age, marital status or status with regard to public assistance.

Signature:

__________________________________________ Date: ____________________

Signature of Parent or Guardian (if youth entrepreneur is under age 14):

__________________________________________ Date: ____________________

Mail to:

Market in the Valley
P.O. Box 271013
Golden Valley, MN 55427