

Goodhue Farmers Market Vendor Application Summer 2025

VENDOR INFORMATION

Individual/Business/Farm Name _____

Primary on-site Seller Name _____

Address _____

Phone _____ Email _____

Website _____

Phone #'s at which you can be reached on market days _____

PRODUCT INFORMATION

Please list all produce or products to be sold.

If there are any changes prior to the opening of the season, or during the season, you must notify the market vendor liaison, Laura McCurdy 651-327-0545

ADDRESS OF PRODUCTION LOCATION _____

PRODUCTS PRODUCED AT THIS LOCATION _____

SCHEDULE OF FEES

OPTION 1 _____ Seasonal – 12 weeks (June 12-Sept 24), \$100
to be paid in advance

OPTION 2 _____ Weekly - \$10 per week; must sign up for a minimum 3 weeks,
paid to the market manager on-site each market day.

Checks can be made payable to **Goodhue Chamber of Commerce** (put Farmers Market in the memo)

Please read the following and sign the acknowledgement and agreement below:

Vendor has read and agrees to abide by all of the Goodhue Farmers Market 2025 Season Guidelines. Vendor agrees that the Goodhue Farmers Market is not liable for any injury, theft or damage to either buyer or seller, or their property, arising out of or pertaining to preparation or participation in any Goodhue Farmers Market events whether such injury, theft or damage occurs prior, during or after market. Vendor, on behalf of itself, its employees, agents or volunteers, further agrees to indemnify and hold harmless the Goodhue Farmers Market, their committee members, the Goodhue Chamber of Commerce or the City of Goodhue, its employees, from and against any claims for personal injury, disease or death, injury to or destruction of property. Vendor understands that it must carry its own liability insurance and product liability insurance.

The Goodhue Farmers Market may take photos of the farmers market and participants and these photos may be used in their publications and advertisements. Vendor, on behalf of itself, its officers, employees, agents and volunteers, grants permission to use the name, pictures, videos and quotes of the foregoing for the above purposes.

I AFFIRM THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE.

VENDOR _____
(print full name)

SIGNATURE OF VENDOR _____

In addition, I have received a copy of the 2025 Goodhue Farmers Market Guidelines
_____ (initial here)

Return application & ST 19 form to: Goodhue Chamber of Commerce, PO Box 8, Goodhue, MN 55027