Lake County Farmers'/Flea Market
Vendor Agreement

Business Name_____

Name_____

Address_____

City, State, Zip_____

Telephone (_____) _____ Fax (_____) _____

Cell phone (_____) _____ Email Address_____

Vehicle Tag Number(s) _____   _____   _____

Year/Make/Model of Auto _____   _____   _____

       (List all vehicle tag numbers that you may be using at the market & indicate state of issue)

Emergency Contact Name and Number_____

I propose selling the following items:

_____

_____

Name of person running booth if different from applicant:

_____

Americans with Disabilities Act Requirements_____

VENDORS' PROPERTY AND LIABILITY: The market is not responsible for any vendor's property at the market or otherwise. The market is not responsible for any liability arising out of the negligent acts of vendors or their employees or for any injuries sustained by employees of and/or vendors.   Vendors should obtain adequate property, liability, and worker's compensation insurance to cover their property and liability. In the event the County is sued for any negligent acts of a vendor or his/her employees, the County shall subrogate against a said vendor for the full amount of any loss paid.

Mail Application To:
Lake County Farmers Market
2101 CR 452
Eustis, FL 32726
Phone: 352-357-9692
Fax: 352-589-6094
Email: cole.scharlau@lakecountyfl.gov
john.russo@lakecountyfl.gov

I acknowledge that I have read and understand the terms and conditions described on this application and contract. I agree to sell only those items approved as listed above. No reimbursement will be made for fees paid if the vendor decides to no longer participate in or is suspended or prohibited from renting space from the County. For continuing vendors, if merchandise is changes or a different category is being added, I shall submit a written request to the County for approval no later than one (1) week in advance of when I plan to add, if approved, the new items in my vendor area.

I have received, read, and agree to abide by the Market Rules: _____ (initials)

Vendor Signature_____ **Date** _____

ALL SECTIONS MUST BE COMPLETED****