

Cuero Downtown Farmer’s Market Days Golden Crescent Foodbank Member 2019 VENDOR APPLICATION



Complete Applications and fees must be returned to the Cuero Main Street Office by Wednesday before Market Day.

Call Sandra Osman at 361-485-8008 or email mainstreet@cityofcuero.com with any questions. **PLEASE PRINT/TYPE**

Business/Farm Name: _____

Name of Seller: _____

Names of any other Sellers at your booth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Street address where items are grown or items or produced:

Address: _____

City: _____ State: _____ Zip: _____

Taxpayer ID or Social Security number: _____

To find out if you qualify for a Tax ID exemption, please visit this link: <https://comptroller.texas.gov/taxes/publications/96-211.pdf>

Are your items Texas grown or produced from Texas grown items? YES___ NO___

Do **YOU** grow or produce **ALL** your items? YES___ NO___

If no please explain: _____

Are any of your items organic or certified organic? ___Organic ___Certified Organic

Are you selling any processed food items? YES___ NO___

Please note the 2019 date[s] you are applying for:

March 23 April 27 May 25 June 22 July 27 August 24 Sept. 28 Oct. 26

- All vendors must be registered with the Golden Crescent Food Bank. Contact: Meridith Byrd, Market Manager, 361-578-0591 or 361-218-9246, 3809 E. Rio Grande Street, Victoria, TX 77901.
- The Food Bank of the Golden Crescent is a 501 (c)(3) non-profit recognized by the IRS and Member of Feeding America (FA) and Feeding Texas. Authorized distribution point for US Department of Agriculture (USDA) Commodities Program.
- All Vendors must follow the Cottage Food Laws. (See information sheet from Texas A&M AgriLife Extension If food is prepared at home, vendors must have a Food Handlers Permit. This permit can be obtained online at: https://extensiononline.tamu.edu/cources/food_safety.php
- Each vendor is responsible for any licenses and/or permits needed for the sale of their items.

Please list all items that you intend to sell at the Market. Items not listed may not be sold at the Market without prior approval of the Market Manager. If your application is accepted, then we will inform you of which of your listed products may be sold. Add an additional space if necessary.

Each space measures 10 feet wide by 10 feet deep. Number of stall spaces requested: _____

Vendor must provide their own set up needs such as tent/ez tent, table, extension cords, etc.

The Association suggests that each vendor use a shade structure ez tent and provide proper tie down to ensure stability, if desired, however, vendors may use cover provided only by the Market Pavilion.

The market is scheduled to be open from 9:00 a.m. to 1:00 p.m. at the Cuero Public Library Market Pavilion on Main Street at 207 E. Main, across from the Cuero City Hall Offices.

Booth vendor Spaces will be assigned prior to but are subject to change the day of the market. Vendor set up can begin as early as 7:00 a.m. the day of the market, but must be completed by 8:30 a.m.

Vendors are required to provide the \$10.00 vendor fee prior to selling at each market; \$20 for 2 spaces, if requested.

Bathrooms are available for vendors in the Public Restrooms located on East Main St.

Please check each item to indicate your agreement:

___ I have read and agree to abide by all of the Association’s Rules and Regulations.

___ I understand that the Association can request that a vendor leave the market premises at any time if in violation of any of the Association’s Rules and Regulations.

___ Upon acceptance, I agree to indemnify and hold the Association, the Market and their officers, directors, members, employees, volunteers, and agents harmless from and against any and all claims and demands, whether for injuries to persons, loss of life or damage to property, on or off the premises, arising out of the use or occupancy of the Market by me or my family, employees or agents and shall defend at my expense any actions brought against the Association, the Market and any of their officers, directors, members, employees, volunteers, and agents by the acts or omissions of me or my family, employees or agents.

___ I agree to leave my vendor space clean and free of debris by one hour after close of the market (1:00 p.m.)

___ I understand that the Association requires that there is no smoking or consumption of alcoholic beverages on the market premises.

___ I represent that all information provided in this application and that will be provided by me, or my authorized representatives, throughout the application process is true and correct in all respects. I understand and agree that if any of the information is false or inaccurate that the Association may reject my application and if the false or inaccurate information is discovered after my acceptance into the Market, I may be asked to leave.

You must agree to all of the above items and indicate your agreement by checking each space in order for your application to be considered.

Signature of Seller or Authorized Representative: _____

Printed Name of Signing Person: _____

Title: _____ Date: _____