

Ashland City Farmers and Artisans Market Application

Applicant First Name: _____ Last Name: _____

Farm/Business Name: _____

Physical Address: _____ City: _____ TN

Zip Code: _____

Is your mailing address the same as your physical address? Yes No

Mailing Address: _____ City: _____ TN , Zip: _____

County of Residence: _____

Phone # _____ 2nd Phone _____

Email: _____

Please initial _____ for permission to share your information with other vendors.

Authorized Sellers for Vendor:

Products produced for sale: (use back of sheet if necessary).

All vendors must comply with any applicable codes and regulations, local or otherwise. This includes, but is not limited to, taxation, health department codes, Consumer Products Safety Commission, U.S. Department of Agriculture, the State of Tennessee Department of Agriculture marketing and labeling regulations, and all codes pertaining to weights and measures as regulated by the State of Tennessee. Information about sales taxes may be found by contacting the Tennessee Department of Revenue at 615-253-0600. Information about obtaining business licenses may be obtained from the Cheatham County Clerk's office at 615-792-5179 and the Town of Ashland City at 615-792-4211.

It is the vendor's responsibility to obtain current information about local, state, and federal regulations and to maintain compliance with those regulations at all times. Vendors with additional questions may contact Mike Brown at the Tennessee Department of Agriculture at 615-837-5177.

The information I have provided on this application is correct and complete. I have received a copy of the current Market Rules and I agree to follow them.

Printed Name of Vendor

_____/_____/201____
Date

Vendor's Signature

Liability Release

Release, waiver, and assumption of risk: I, the undersigned, am fully aware and understand the potential risks involved with my participation in the Ashland City Farmers and Artisans Market (ACFAM). Specific dangers include damage to personal property, loss of personal inventory, serious physical injury, or death. Additional dangers include, but are not limited to, damages due to inclement weather and other reasonably anticipated risks that accompany participation in such events. I acknowledge that I voluntarily participate in this event. I hereby agree to assume all risk of injury, damage to persons and property, and/or death, and to hold the Town of Ashland City and its volunteers, officers, agents, elected officials, and employees harmless from any and all liability for any injuries, or claim for damage, damage to goods or death that may arise in connection with my participation in this market, and agree to indemnify the Town of Ashland City for damages (including attorneys' fees) sustained or incurred by it in defending any claim or action brought against the Town of Ashland City by me or any quest, invitee, or customer of the Ashland City Farmers and Artisans Market.

This Hold Harmless Agreement also pertains to any actions of negligence by the Town of Ashland City and its volunteers, officers, agents, elected officials and/or employees which may have caused or contributed to the injury, damage or death of me or any quest, invitee, or customer of the Ashland City Farmers and Artisans Market. This Agreement shall be binding upon my heirs, successors, and assigns. I participate freely and voluntarily in this market and expressly assume all of the risks of the event.

I have also read and agree to abide by all of the rules and regulations of the Ashland City Farmers and Artisans Market implemented from time-to-time. Further, I acknowledge that my right to participate in the Ashland City Farmers and Artisans Market is pursuant to a revocable license that may be revoked at any time, and that I shall have no claim against any person or entity for improvements made or expenses incurred by me in my participation in same.

I have read the rules and procedures attached to this application. I understand the rules and procedures and agree to abide by them. By signing this document, I agree to submit my farm to random inspections from representatives of the Ashland City Farmers and Artisan Market Committee and/or the UT Extension Office where my products are grown or produced.

Signed _____ Date _____

Please print name of signor _____