

## Non-Farm Vendor Application

Business Mailing Address:Contact Name:Contact Email:Contact Email:Contact Email:Social Media:	Business Name:	
Contact Email:	Business Mailing Address:	
Website:	Contact Name:	
Market Hours: Thursdays 4 pm-7 pm, May 2 <sup>nd</sup> - October 24 <sup>th</sup> Seasonal Rate: \$150  Weekly Rate \$10 (must be submitted at least one week in advance)  Weekly Food Truck \$40 (must be submitted at least one week in advance)  Type of Vendor:  Artisan Crafts Food Truck Other  I,, hereby agree to sell the above-listed items at the Bellevue farmers Market. Further, I acknowledge full responsibility for all activities conducted throughout the terms of the permit and agree to hold harmless the Village of Bellevue and indemnify same for all claim arising from my use of this permit. I agree to comply with all rules and regulations of the Village of Bellevue. Make checks payable to Village of Bellevue, or for Credit Card payments, call (269)763-9571	Contact Email:	Contact Phone:
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Crafts Food Truck Other	Type of Vendor:	
Food TruckOther	Artisan	
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Signature: Date:	Farmers Market. Further, I acknowl terms of the permit and agree to ho arising from my use of this permit. I	edge full responsibility for all activities conducted throughout the old harmless the Village of Bellevue and indemnify same for all claims agree to comply with all rules and regulations of the Village of
	Signature:	Date:

 $Submit\ to\ \underline{Bellevue Michigan DDA@gmail.com}\ or\ Village\ of\ Bellevue\ 201\ N.\ Main\ St.\ Bellevue,\ MI\ 49021.$