



Lewiston Area Farmers Market Application

Business/farm name: _____

Primary Sellers Name: _____

Name of additional sellers: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____ Website: _____

MN Sales Tax ID Number (If Applicable): _____ County where crops are grown: _____

Are your items grown in Minnesota? Yes No

Do you grow or produce all the items you intend to sell? Yes No

If NO, please explain: _____

Are you eligible for accepting WIC/FMNP/SFMNP Vouchers? Yes No

Are you eligible to accept EBT/SNAP? Yes No

Please Check:

- I have read and agree to abide by the Lewiston Area Farmers Market By-Laws.
- I have read and agree to abide by Lewiston Area Farmers rules in the Code of Conduct.
- I agree that the Lewiston Area Farmers Market/Christian Crossings Inc/Crossings Center is not liable for any injury, theft, or damage to either the buyer or the seller, or their property, arising out of participation with the Farmers Market whether such damage occurred prior, during or after the Farmers Market.
- Seller indemnifies and holds the Lewiston Area Farmers Market/Christian Crossings Inc/Crossings Center harmless for and against any claims for injury, theft or damage.
- I understand that it is recommended that I carry my own general liability and product liability insurance because the Lewiston Area Farmers Market/Christian Crossings Inc/Crossings Center does not provide this coverage on my behalf.
- I agree to produce, prepare, display and store all produce in accordance with the MN Department of Agriculture, MN Department of Health and the Winona County Health Department.

Signature of Primary Seller: _____ Date: _____

Applications will be considered on a first come, first serve basis. Full refunds will be given to any applications that are not approved.

Here is the schedule of fees for the season:

- Annual Market Membership Dues \$25.00
- Vendor Fees for full Season \$50.00; or
- Daily Fees \$10/day

Please make checks payable to "Crossings Center / LAFM" or pay online www.crossingscenter.com/LAFMvendor

E-mail Emily Tweten at farmersmarket@crossingscenter.com for questions or more information. Or call, 507-522-3600.

Please list the items you intend on selling at the Lewiston Area Farmers Market:

Mail signed application to: Lewiston Area Farmers Market
c/o The Crossings Center
170 S Fremont St
Lewiston, MN 55952
507-522-3600

Or, email scanned copies to: farmersmarket@crossingscenter.com

Pay vendor fees online at www.crossingscenter.com/LAFMvendor