

Market at The Crossing

Please indicate type of business (check all that apply):

- Artisan (e.g., soaps, wood products, handmade items, etc.)
- Farm-Raised Products (e.g., fruits, vegetables, eggs, meat, etc.)
- Value Added (e.g., flour, baked goods, jam, jelly, salsa, etc.)
- Prepared Food/Food Truck (e.g., take & bake catered meals and any food prepared for consumption on site)
- Other: _____

Contact Information:

Applicant: _____
First Name *Last Name*

Farm / Business Name: _____

Preferred phone #: _____ Alternate phone #: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

May we put your contact information on our website if approved? Yes No

If applicable, business web address: _____

If applicable, business Facebook page: _____

Are there any Saturdays that you will not be available during the 2023 Market season?

Yes No If Yes, list dates: _____

Are you willing to be placed on a waiting list and be a “fill-in” vendor if necessary?

Yes No

Please list a detailed description of all products you intend to sell at the Market:

Vendor Declarations

Please initial next to each statement to certify that you understand and agree.

_____ I certify that I have read and completed the Market at The Crossing vendor application to the best of my knowledge and have included the required documentation for the products I will be vending.

_____ I certify that I have read the Market Policies and Vendor Regulations, and I agree to abide by them. I understand the consequences of violating them. I understand that I cannot sell anything at the Market that I did not grow or produce.

_____ I grant permission for photos and/or videos of myself and/or representatives of my business to be used by the Town while participating in the Market and for such photographs to be publicized in local newspapers and/or Town Publications.

Signature of Applicant

Date

For questions, please contact:

Parks Department
901-867-9555
E-mail: parks@townofarlington.org

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration for being selected as a Vendor at Market at The Crossing, I, _____, hereby expressly assume all risks and hazards incidental to my participation as a Vendor and assume full responsibility for all risks of bodily harm and property damage resulting from or in connection with my participation as a Vendor, including without limitation, transportation to and from the activities relating to the Market at The Crossing. I hereby voluntarily release, waive and forever discharge and agree to indemnify and hold harmless, the Town of Arlington, its elected officials, officers, employees, agents, representatives and related persons (collectively the "Town") from any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, resulting from, arising out of or connected in any way with my participation as a Vendor and related activities; and further agree to indemnify, defend and hold the Town harmless from and against any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, for personal injury or property damage to any person or entity resulting from or related to my participation as a Vendor and related activities.

Print Applicant Name

Applicant Signature

Date