



CITY OF HAYSVILLE

Hometown Market
200 W. Grand
Haysville, KS 67060
Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

**Hometown Market
Vendor Registration
2021**

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION

APPLICANT INFORMATION

Booth or Company Name:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Name of Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	

VENDOR CATEGORY: Check all that apply

Producer
 Processor
 Value-added crafter
 Prepared food vendor
 Flea Market
 Other _____

MARK ALL ITEMS YOU WILL BE SELLING

Flowers/Plants
 Fruits
 Vegetables
 Nuts
 Herbs
 Eggs/Meat
 Artwork
 Jams/Jellies
 Honey
 Candy
 Baked Goods
 Crafts
 Other _____

TAX INFORMATION

KS Sales Tax #

* If you do not have a sales tax number, you will be given special tax instructions and paperwork on how to remit sales tax at the end of the season. You are solely responsible for acquiring and submitting the necessary paperwork.

ATTENDANCE (Vendors are not required to attend each date marked)

Saturdays- June through September- 8:00am to 12 pm

<i>JUNE</i>	<i>JULY</i>	<i>AUGUST</i>	<i>SEPTEMBER</i>
<input type="checkbox"/> 5th	<input type="checkbox"/> 3rd	<input type="checkbox"/> 7th	<input type="checkbox"/> 4th
<input type="checkbox"/> 12th	<input type="checkbox"/> 10th	<input type="checkbox"/> 14th	<input type="checkbox"/> 11th
<input type="checkbox"/> 19th	<input type="checkbox"/> 17th	<input type="checkbox"/> 21st	<input type="checkbox"/> 18th
<input type="checkbox"/> 26th	<input type="checkbox"/> 24th	<input type="checkbox"/> 28th	<input type="checkbox"/> 25th
	<input type="checkbox"/> 31st		

GUIDELINES

- I have read, understand, and agree to abide by the guidelines set forth in "Haysville Hometown Market Vendor Handbook 2021". I further understand and have been provided a copy of "Rules, Regulations and Resources for

Farmers' Markets in Kansas and that all produce and merchandise to be sold must be presented within the stated regulations of Kansas Department of Agriculture for food safety.

- I am self-protected with product liability and personal injury insurance and understand that the Haysville Hometown Market (HHM)/Haysville Historic Committee/City of Haysville does not accept responsibility for vendors' merchandise or any item that might cause injury to a customer.
- I understand that all federal, state, and local laws governing retail sales tax must be followed. I understand the rules and regulations of the Market and will comply. I realize that failure may result in expulsion from the Market.
- I understand the Haysville Hometown Market/Haysville Historic Committee/City of Haysville has the right to dismiss any vendor that does not follow these guidelines and fees paid will NOT be reimbursed

WAIVER OF LIABILITY

- In consideration of your accepting this entry, I, the undersigned vendor, agree to indemnify and hold harmless the City of Haysville, its officers, agents, servants, employees or invitees, from and against any and all claims of every kind or character for injuries and/or damages to persons and/or property arising out of or in connection with participation in and use of the premises of Haysville Hometown Market. Vendor agrees to pay any costs of defense associated with claims brought against the City of Haysville, its officers, employees, or agents, arising from, or related to, this Agreement and/or the activities covered hereunder, including reasonable attorney's fees. City shall give to Vendor notice of any claim made or litigation instituted which directly or indirectly contingently or otherwise in any way affects or might affect Vendor. Vendor shall have the right to compromise and participate in the defense of the same to the extent of their own interests.
- Further, I hereby grant full permission to the Haysville Hometown Market coordinators to use my photographs, videotapes, recording, or any other media format of this event for any legitimate purpose.

SIGNATURE

Applicant: <i>(Must be over 18)</i>	Date:
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OFFICE USE ONLY			
Date Received: _____	Fee: _____	Receipt #: _____	Check #: _____
Booth # _____			
Authorized Signature: _____		Title: _____	