

## EVERY WEDNESDAY, 2:30-6:30 PM JUNE 27-October 10

The Plymouth Farmers' Market is an excellent opportunity for the community to gather, celebrate and experience quality foods, products, and services. Therefore, in addition to vendor booths, the Farmers Market will provide space for one community table each week. The community table will be available to charity and non-profit organizations, as designated by the Market Manager for fund-raising, promotional and educational purposes.

To apply for the Community table, you must complete and return the attached application, including fee to the Market manager at least two full weeks before the date requested. No more than two market dates will be granted to any applicant. Any products being sold must be for fundraising purposes only. Fundraising products being sold must be approved by the Market Manager and must not be in competition with Market vendors. The person applying will be held responsible for ensuring that the booth is staffed and the area is left in the same condition as received. Plymouth Farmers Market will supply one table (6 feet), two chairs and a tent. The organization/group is responsible for all marketing materials as well as a table cloth and any other materials needed.

Thank you for your interest in having a community table at the Plymouth Farmers' Market. Please fill out the community table application/agreement form attached. Forms not filled out completely or that do not include the fee will not be considered.

## PLYMOUTH FARMERS MARKET COMMUNITY TABLE APPLICATION

Applications will be considered on a first come first serve basis. Space is limited.

You will be notified by mail or email regarding the status of your application.

Organization Name:			
Table Representative Name:			
Mailing Address:			
City/State/Zip Code:			
Phone: (	Mail:		
Are you selling any charitable items?	Yes/No	Will you be soliciting donation	s? Yes/No
Date(s) Requested:			
Please provide a brief description of you	r organization.		
Please provide a list of any fundraising ite market:	ems, activities, c	and information that you are plan	ning on having at the
I understand that it is recommended that I carry m coverage. I agree to indemnify and keep indemn servants against actions, law suits, claims and dem damages and/or expenses which the City of Plymofrom, arising out of or in any way incidental to the	ified the City of Plyi nands which may be outh and or the Plyi	mouth; the Plymouth Farmers' Market; thei e brought against or made upon them an mouth Farmers' Market may sustain, suffer,	r committee, employees, or d against all loss, costs,
Applicant Signature		Date	
	Submit your o	application to:	
Plymouth Parl	ks and Recrea	tion, ATTN: Market Manager	
3400 P	lymouth Blvd,	Plymouth, MN 55447	
	Cut	Here	
Payment Info: Community Ta	<u>ble Fee, \$2</u>	<u>5.00</u>	
Check (Payable to the City of Plymor	uth)		
Credit Card: Visa MasterCard	Discover	American Ex	
Card#:N	ame on Card: _	Ex	oiration Date: