

EVERY WEDNESDAY, 2:30-6:30 PM JUNE 26-October 9 Parkers Lake Playfield Lot 15500 County Road 6

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 non-profit and charitable organizations, as designated by the Market Manager for fundraising, promotional and educational purposes.

To apply for the Community table, you must complete and return the attached application, <u>including fee</u> to the Market manager at least two full weeks before the date requested. No more than two market dates will be granted to a single applicant. Any products being sold must be for fundraising purposes only. Fundraising products have to be approved and cannot compete with products being sold by 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.

Thank you for your interest in having a community table at the Plymouth Farmers' Market.

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: () | E-M | ail: | | |
| Are you selling any charitab | le items? | Yes/No | Will you be soliciting donatio | ns? Yes/No |
| Date(s) Requested: | | | | |
| Please provide a brief descr | iption of your | organization. | | |
| Please provide a list of any f | undraising ite | ms, activities, c | and information that you are pla | nning on having at the |
| market: | | | | |
| coverage. I agree to indemnify an servants against actions, law suits, o | d keep indemnif claims and demo he City of Plymo | fied the City of Plyr ands which may be uth and or the Plyr | ity insurance, as the Plymouth Farmers M nouth; the Plymouth Farmers' Market; the e brought against or made upon them a nouth Farmers' Market may sustain, suffe pace rented by me/us. | eir committee, employees, or nd against all loss, costs, |
| Applicant Signature | | | Date | |
| | | Submit your c | pplication to: | |
| Ply | /mouth Park | s and Recrea | tion, ATTN: Market Manager | |
| | 3400 PI | ymouth Blvd, | Plymouth, MN 55447 | |
| | | Cut | Here | |
| Payment Info: Comr | nunity Tak | <u>ole Fee, \$2</u> | <u>5.00</u> | |
| Check (Payable to the C | City of Plymou | ith) | | |
| Credit Card: 🗌 Visa 🗌 M | asterCard | Discover | American Ex | |
| Card#: | Nc | ame on Card: _ | E | xpiration Date: |