

**HISTORIC DOWNTOWN LITTLETON FARMERS MARKET**  
**VENDOR APPLICATION : June 16 – September 29, 2007**

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

**TYPE OF APPLICATION**

Please check the appropriate box below and include the applicable deposit and season rate fee.

- Seasonal Double 20 x 10:** \$100 Deposit\* + \$600 Booth Fee = \$700

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- Seasonal 10 x 10:** \$50 Deposit\* + \$400 booth fee = \$450

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- Transient 10 x 10:** \$40 per market day  
(Please list all dates you will attend)

\_\_\_\_\_

\*Deposit to be held in escrow with balance returned to vendor at the end of the market season.  
(See Market Rules and Regulations for full explanation)

**PRODUCT LIST** (Some products will be subject to approval)

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**SPECIAL REQUIREMENTS**

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I hereby release and forever discharge the Town of Littleton, the Historic Downtown Littleton Merchants Association (HDLM), its officers, agents, employees and volunteers from any responsibility, personal liability, claims, loss or damage arising out of, or in conjunction with my participation in the Historic Downtown Littleton Farmers Market (HDLFM). I accept that the HDLM will not be responsible for any injury sustained by myself, other vendors/exhibitors or guests while within or around space designated for exhibits. Compliance with government regulations are my responsibility and I agree to comply with any government regulations that may be in effect for activities that take place at HDLFM including but not limited to sales taxes, health rules applicable to samples and food display, statements about being organically grown, eggs, certification of scales, product labels, etc. I also agree to comply with the Rules of the Market and hold harmless and release from liability, any employees or volunteers of the HDLFM. By signing this application form, applicant agrees to abide by all policies as set forth within this application and other HDLFM materials.

Applicant (Vendor) Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please make checks **payable to HDLM** and mail with application to:

**Penny Cody**

**9495 W Bellwood Place**

**Denver, CO 80123**

**(303) 972-3669 or (720) 253-6992**

**\*50% refund until April 30<sup>th</sup>. No refund after April 30<sup>th</sup>**