



Presents
2024 Spring Merchant
Vendor Application

Today's Date		For office use only: App fee rec'd _ Ins/Tax ID	
Business Name			
Web Address http://			
Contact Person (s) First name Last name		Tax ID #	
Address		Name/Policy #-Product Liability Insurance*	
City		State	Zip Code
Office Phone		Cellular/Pager	Home Phone
Fax		Email	
In Case of Emergency Contact First name Last name		Emergency Contact Phone Number	

*vendor selling food item must include proof with this application

Market(s) Choices Applying for: (locations subject to change)

- Saturdays at Southwest Plaza, Daily Fee \$40
- Sundays at Highlands Ranch Town Center, Daily Fee \$40

NOT OPEN EASTER SUNDAY

Questions, please contact **Rich Freeman 303-513-7610**
dfmmgrrich@comcast.net

ITEMS FOR SALE: Please provide a detailed description of items you will sell, include varieties. Please attach additional information, current letter or certification if applicable.

The under signed represents the person(s) of which the Applicant comprised:

- I agree to abide by all city, county, state, federal rules and laws. I/we shall abide by all Metro Denver Farmers' Market rules and shall be current on applicable fees. The Metro Denver Farmers Market will not be responsible for accidents or lost articles. Liability insurance is the responsibility of each vendor.

Signature _____

Date _____

Signature _____

Date _____