

Vendor Application & Waiver of Liability -Kannapolis Famers Market

Name:	
Farm/Business Name:	
Address:	_
Phone Number(s):	
Email:	_
List of Products to be Sold:	-
I have read, understood, and agree to abide by the Kannapolis Farmers . Guidelines.	– Market
I also agree as a participant in the Kannapolis Farmers Market, to hold Kannapolis, Oak Avenue Dynamic Holdings LLC, the Kannapolis Farme Committee, and their agents and employees, harmless and to indemnify the Kannapolis, Oak Avenue Dynamic Holdings LLC, the Kannapolis Farmer Committee and their agents and employees for property being exhibited a personal injury claims that might arise as a direct result of the vendor's pexhibited at the Kannapolis Farmers Market or as a direct result of my personal injury, death, or property damages that may have occurred or vaccrued as a result of activity at the Kannapolis Farmers Market.	ers Market The City of The Strain of The Str
Signature:	_
Date:	<u> </u>

Please submit application, annual dues of \$30, and copy of Certificate of Registration from the NC Department of Revenue to the Irene Wong (iwong@kannapolisnc.gov; 704-920-4326). Make checks payable to the Kannapolis Farmers Market.