



# 2025 MDFM Vendor Application

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

\*vendor selling food item must include proof with this application

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

- WEDNESDAYS at Littleton (Aspen Grove Lifestyle Center), Application Fee \$100, Daily Fee \$40, Drop in Fee \$50
- SATURDAYS at Southwest Plaza, Application Fee \$100, Daily Fee \$60, Drop in Fee \$70
- SATURDAYS at Lakewood, Application Fee \$100, Daily Fee \$50, Drop in Fee \$60
- SUNDAYS at Highlands Ranch, Application Fee \$100, Daily Fee \$60, Drop in Fee \$70

A discount of 10% is available for a monthly payment in advance and a 15% discount is available for full season payment.

### Definition of Daily fee and Drop-in

Daily - Approved to be in the market and vendor comes each week

Drop-in - Approved to be in the market but vendor does not come weekly. Could be every other week or monthly.

\*All vendors need an approved application and insurance to participate in the Metro Denver Farmers' Market.

**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 \_\_\_\_\_