



Vendor Application for Doctors Village Farmers Market

Name: _____ Company: _____

Address: _____ City/State/Zip: _____

Telephone: _____ E-Mail Address: _____

Web Site: _____

Driver's License: State _____ Number: _____

Name of Insurance Company: _____ Policy Number: _____

Occupational License Issuer: _____ Number: _____

Proposed Items for Sale with Description: _____

Please Complete and Provide a Copy of the Following Documents, as applicable:

St. Johns County Tax Receipt # _____

Personal/Product Liability Policy _____

Food Service Certificate # _____

Annual Food Permit # _____

Annual Weight & Scale Cert # _____

FL Nursery Stock Registration # _____

Other _____

By signing this Vendor Application, the undersigned hereby releases and discharges and agrees to hold harmless, Doctors Village Partners, LLC. d/b/a Doctors Village Farmers Market, from any and all claims, demands, action or right of action arising out of or by reason of the use of Doctors Village Farmers Market except due to the sole negligence of Doctors Village Farmers Market.

The Vendor agrees to protect, defend indemnify and hold harmless the Doctors Village Farmers Market, its affiliates, members, officers, agents and volunteers from and against all claims, demands, expense, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or grow out of any act or omission of the Vendor and its agents, or any and all costs, expenses and attorney fees incurred by the Vendor as a result of any claim, demands or causes of action arising out of operation as an Doctors Village Farmers Market Vendor.

I understand that acceptance as a vendor into **Doctors Village Farmers Market** is as a licensee and all rights are reserved to limit or discontinue the participation of a vendor at any time.

To review the Rules & Regulations of Doctors Village Farmers Market are available on our web site.
http://www.doctors-village.com/pdf/DV_JC_Farmers_Market_RR.pdf

I have received, read and understand the terms and conditions described on this application and agree to comply with all regulations of the Doctors Village Farmers Market as well as all applicable government regulations. I assume all responsibility of investigating and complying with these regulations.

Name of Vendor _____ (Company or Individual)

Signature: _____ (Authorized Representative or Individual)

Print Name: _____

Date: _____

Upon completion please return via fax to Patti Post at: 904.212.0136

Telephone: 904.224.1111