

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: _____
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.

The Rules & Regulations of Doctors Village Farmers Market are available on our web site at www.doctors-village.com/farmersmarket.

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 telefax to Patti Post at: 904.212.0136

Telephone: 904.224.1111