

Summer Outdoor 2024 Waverly Farmers Market
Vendor Request For Permission to Sell

Date: _____ Name: _____

Business Name/Sales Tax#: _____

WIC/Senior Check (FMNP) Certified: Y___ N___, certification number: _____

Have Business Liability Insurance (required)? Y___ N___

Address: _____

Phone Number: _____

Email Address: _____

Produce (incl. herbs): _____

Baked Goods: _____

Flowers/Plants: _____

Crafts: _____

Other: _____

Payment: (circle one) CASH or CHECK

Paid: (circle one)

- IN FULL-\$70
- INCREMENTS-\$7/market

AFFIDAVIT

I, _____, hereby agree to sell or offer for sale at the Waverly Farmers Market only such items as listed above, as my own production on the above described property. I have read and am fully aware of the rules at the Waverly Farmers Market. I further acknowledge full responsibility for all items.

Mail application and check to:
Waverly Farmers Market
422 5th St SW
Waverly, IA 50677

Signature:

Date:

WFM Manager Only:

Application Received On _____

Payment Received On (seasonal only) _____

Insurance Certificate Received On _____

Waverly, Iowa - South Riverside Park (south of the fire station)
waverlyiafarmersmarket@gmail.com waverlyiafarmersmarket.com

{319}415-8414 (text or voicemail only)