

# EastChase Market Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Farm/Business Name: \_\_\_\_\_ # Acres in Production: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Farm Address: \_\_\_\_\_

Please list products you intend to sell at the market:

---

---

*Indemnification:* By participating in the market, all vendors shall be individually and severally responsible to owners of The Shoppes at EastChase, the Market Manager and the Market Advisory Committee for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendors' negligence or that of its servants, agents or employees. All vendors hereby agree to indemnify and save the owners of The Shoppes at EastChase, the Market Master and the Market Advisory Committee harmless from any loss, cost, damages, and other expenses, including attorneys' fees, suffered or incurred by the owners of The Shoppes at EastChase, the Market Manager and the Market Advisory Committee by reason of the vendor's negligence or that of its servants, agents or employees.

## **Applicant Statement:**

**I agree to abide by the Guidelines of the EastChase Farmers Market and to obtain all applicable permits and licenses; to assist in the inspection of my garden by agents of the market and the Alabama Cooperative Extension System (where applicable); to sell only agricultural products from my farm (where applicable); or to sell only products produced by myself and/or my employees. I further agree not to hold the Market responsible for any damages arising out of the sales of my products.**

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***To reserve your space, please mail this completed application to: EastChase Market, The Shoppes at EastChase, Attention: Vickie A. Lawrence, 7274 EastChase Parkway, Montgomery, AL 36117. (334) 279-6046 or (334)799-7547***

