Adams County Farmer's Market
Est. 2018

2026 Adams County Farmer's Market

Weekly Vendor Form

Name: _____

Farm/Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ **Cell Number:** _____ **Text?: Y or N**

Email Address: _____

Please complete this form, sign it and return to Anna Adams with your payment of $10 (per space). Checks can be made payable to: ***Adams County Farmer's Market.***

Adams County Farmer's Market
Anna Adams, Market Manager
414 Lynx Drive
West Union, OH 45693

Please list the types of products/produce you plan to bring to the market:

_____

_____

_____

Please list any dates you know you plan to sell at the market:

_____

I agree to abide by all the rules of the Adams County Farmer's Market and to operate within all federal, state, and county regulations regarding the product(s) I sell. I acknowledge that I am individually responsible for any loss, personal injury, death, and/or any other damage that may occur as a result of my negligence, or that of my vendors. I realize that no insurance is provided by the Adams County Farmer's Market and that I am personally responsible or my own product liability and liability insurance.

_____ _____

Signature Date