



Indoor Farmer's Wellness Market Vendor Contract

Name of Vendor: _____

Farm/Company: _____

Phone Number: _____

Email Address: _____

Address: _____

Assistant Vendor(s): _____

Product(s) to Sell: _____

Farming Location: _____

Production Practices: _____

Processed Product(s): _____

Certified Kitchen: _____

Allergens/Chemicals: _____

Non-Food Product(s): _____

Tax Number(s): _____

I, the Primary Vendor, hereby swear and attest that the information provided above is true and factual to the best of my knowledge. I understand that, should this contract be confirmed, I will be assigned a booth within **Infinite Find's Community Space** for **\$25+ or** _____ for the day(s) of _____.

I understand that I am responsible for any damages or incidents that occur at my booth during the hours of operation.

Vendor, Signature

Date
