

**Durham Roots Farmers' Market**  
**2019 Membership and Vendor Application**

**Name of Farm:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information:**

Name of Producer \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Farm Address \_\_\_\_\_

Tier 1: Is the farm in Durham County/City: Yes [ ] No [ ].

Tier 2: Is the farm located in the Orange, Person, or Granville County portion of the Upper Neuse River Basin: Yes [ ] No [ ].

Tier 3: Is the farm located in the Orange, Person, or Granville Counties: Yes [ ] No [ ].

Directions to Farm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application Category:**

[ ] Durham Agricultural Producer - Member Vendor

[ ] Durham Community Agricultural Producer – Organizational Member Vendor  
(Community garden, school, church garden, cooperative garden)

[ ] Non-Durham Agricultural Producer – Non-member Vendor  
(Farm outside Durham County)

**Fees (Two Separate Checks Please):**

1) Application Fee:

[ ] \$25 (applies to all categories)

2) Administration Fee (*cashd only if application is accepted; single checks combining both fees will be cashed regardless of acceptance; administration fee will not be refunded*):

[ ] Agricultural Producer Vendor (Durham and non-Durham):

\$25 (prior to Mar 1), \$50 (Mar 1 to Aug 1), \$10 (after Aug 1)

[ ] Organizational Member Vendor: \$25, \$10 (after Aug 1)

Payments should be made out to Durham Roots Farmers' Market

Mail to: 16 Sunny Oaks Pl, Durham, NC 27712

**Market staff:**

Who will be staffing your booth during the season? \_\_\_\_\_

\_\_\_\_\_

All staff must read and sign the Market Rules before being allowed to sell at Market.

**Products:**

Please list the products you expect to sell at the Market. Please be as specific as possible –instead of ‘veggies,’ please list the specific vegetables you expect to grow and sell (corn, tomatoes, chard, etc.). If your crops remain uncertain, try to be overly inclusive rather than leave something out. Use an additional sheet to list your products (and label with your farm’s name). Note that electricity is not available at the Market and generators are prohibited.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the size of your farming operation? Include property acreage and estimated acreage in production. \_\_\_\_\_

Years farming: \_\_\_\_\_

Do you have a food safety plan for your farm operations? Yes [ ] No [ ].

What types of food safety methods do you practice on your farm? \_\_\_\_\_

Which other Farmers Market do you sell at and how long at each?

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Durham Roots Farmer's Market does not have an attendance requirement, but we would appreciate your best estimate of your attendance frequency during the spring, summer and fall:

Spring: \_\_\_\_\_

Summer: \_\_\_\_\_

Fall: \_\_\_\_\_

Are you a certified Organic Producer? Yes [ ] No [ ].

If not, how would you describe your use of chemicals on your farm?

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Do you plan on selling processed foods? Yes [ ] No [ ].

If yes, please identify the processed foods, list the ingredients grown by you or will be purchased from another DRFM vendor (please identify the other vendor), and how long you have produced each item, and whether you have the appropriate certifications.

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Please list any products purchased by you and resold at other locations:\_\_\_\_\_

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This is a producer-only market and items purchased by you cannot be sold at this market except as allowed by the Market Rules.

Have you ever been suspended, put on a probation or expelled from a market ? Yes [ ] No [ ].

If yes, please explain the circumstances.\_\_\_\_\_

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**Agricultural Community Producer:** Please describe your community or school garden, how it is organized, how long it has been in operation, and anything else that you think would be helpful in getting to know your garden and organization better. Please feel free to add extra sheets but please put your name on each additional sheet.

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**Market Legal Agreement:**

I acknowledge that I have read the Bylaws and Rules of the Durham Roots Farmer's Market and that approval of my application is contingent upon acceptance and agreement to these Bylaws and Rules. I also understand that if I am accepted as a member or vendor my membership or right to vend at the market can be terminated for a violation of these Bylaws and Rules. Furthermore, for vendor applications, as a condition of consideration of my application I agree to allow representatives of the Durham Roots Farmers' Market to visit the premises where the product(s) I intend to sell are produced. I agree that I will maintain a market specific level of general liability insurance ( \$1,000,000/\$1,000,000) in order to sell at the market and will provide proof of said liability insurance through certificates listing

Durham Roots Farmers' Market  
16 Sunny Oaks Pl  
Durham NC 27712

and

Property Advisory Services, Inc.  
SEHED Investment Group, LLC  
905 West Main St.  
Suite 24  
Durham, NC 27701

as additional insureds.

[ ] I agree to the above terms.

Name of Applicant (or name of the authorized officer).

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Vendor: \_\_\_\_\_

DURHAM ROOTS FARMERS' MARKET  
Participation Waiver

The undersigned vendor, in consideration of being permitted to participate in the Durham Roots Farmers' Market, agrees and covenants that it shall indemnify and hold harmless SEHED Investment Group, LLC, Property Advisory Services, Inc. and Durham Roots Farmers' Market, and their members, managers, employees, and agents (collectively, the "Indemnified Parties"), harmless from and against all losses, claims or damages, including reasonable attorneys' fees, suffered by the Indemnified Parties caused or arising from any act, use or occupancy or negligence by or of the undersigned or any of its agents, servants, visitors, licensees or employees occurring at or in connection with the operation of the Durham Root's Farmers' Market at Brightleaf Square, Durham, North Carolina (collectively, the "Covered Activities"). Further, the undersigned hereby releases the Indemnified Parties from all claims, past, present or future, arising out of or related to any Covered Activities.

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_