

Silverton Farmers Market 2024-2025, Winter Market

COMMUNITY GROUP APPLICATION

229 Eureka Ave., Silverton

October 19, 2024 – May 10, 2025 10 am-12:30 pm

Community Group Name: _____

Name(s) of Representative _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Address (if applicable): _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Website: _____

Please list your products/services, etc. in detail. Attach additional sheets if necessary.

There is a chance that not all community groups will be approved in a season. The decision of the Selection Committee is final.

Silverton Farmers Market will host community groups for the two weeks, which are free. Otherwise, your booth fee will be \$30 per week for any additional approved weeks.

Below are the dates for the Summer Market. Please clearly mark the dates you will attend.

October 19	October 26	November 2	November 9	November 16
November 23	November 30	December 7	December 14	December 21
February 1	February 8	February 15	February 22	March 1
March 8	March 15	March 22	March 29	April 5
April 12	April 19	April 26	May 3	May 10

*** You must notify the Market Manager of any changes by 5:00 p.m. on the Wednesday prior to the next market date to maintain good standing with our market.**

Insurance: Community groups are covered under our market’s insurance policy for the first two weeks of their attendance. Beyond two weeks, groups are **required** to list *Silverton Farmers Market* as an additional insurant certificate holder on their insurance policy with the same limits as the market insurance which is \$1,000,000 per occurrence and \$2,000,000 aggregate. **Please attach a copy of insurance to this application if planning to vend longer than the two weeks Silverton Farmers Market will be your host.**

I have read the Silverton Farmers Market Rules and Guidelines and the ODA Food Safety at Farmers Markets Information and Guidelines documents, and I agree to abide by them and seek clarification if needed. I authorize Silverton Farmers Market Association to visit my farm/garden/business and those of any consigners to resolve compliance questions. My business name and contact info will be available to customers and will be published on the Silverton Farmers Market website. I understand that I am required to purchase and show proof of insurance, and hold any required licenses. I agree to indemnify and hold harmless Silverton Farmers Market Association and all site owners from and against all liability, claims, losses, damages, and causes of action suits of any nature arising out of or related to my activities at Silverton Farmers Market events.

Signature(s): _____

Date: _____

**Return application to:
Silverton Farmers Market, PO Box 288, Silverton, OR 97381
Or email to Silvertonmarket@gmail.com**

Manager: Christabelle Ifft 503-991-2460