

# Urban Harvest

## 2010 Food Vendor Application

*Return this application with proof of insurance and vendor fees to:*

PO Box 277, Bismarck, ND 58502-0277

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please describe what you plan to vend at the market : \_\_\_\_\_

\_\_\_\_\_

Sales and Use Tax Permit #: \_\_\_\_\_

**Total amount of vendor fees (see schedule on page 2):** \_\_\_\_\_

This application is subject to review by the Executive Board. Proof of insurance and active Sales and Use Tax Permit are required to participate in the market. Tax information will be supplied to the ND Tax Department.

Memberships are non-transferable. Vendors shall comply with all applicable federal, state, and local rules and regulations relating to the products they sell, as well as the Urban Harvest Vendor Guidelines. Urban Harvest is not responsible for lost, stolen, or damaged items.

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

## Fees

The cost to participate is \$75 for an entire day. Refunds will not be given except in the case of inclement weather. In order to receive a refund, notice must be given 24 hours before the day you plan to vend. Once you have set up for the day, no refunds for weather will be given.

Please check which days you would like:

DATE	
July 8	
July 15	
July 22	
July 29	
August 5	
August 12	
<b>Total</b>	