



**DOWNTOWN LEE'S SUMMIT MAIN STREET, INC.
FARMER'S MARKET Registration Form**

Please complete and return to
Downtown Lee's Summit Main Street
PO Box 1688, Lee's Summit, MO 64063



NAME _____

MAILING ADDRESS _____

CITY AND STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____ MONTHS YOU WILL BE SELLING _____

NAMES OF OTHERS AUTHORIZED TO SELL YOUR PRODUCTS ON YOUR BEHALF: _____

PRODUCT/PRODUCE BEING SOLD _____

LOCATION PRODUCE GROWN IF DIFFERENT FROM MAILING ADDRESS (see rules for details)

COST OF SPACE: Saturdays during season: \$100.00 Wednesdays during season: \$100.00

Daily Rate: \$25.00 Date: _____ Circle: Wednesday or Saturday

Please check if applicable:

I am a vendor who participated in last year's market.

I would like to reserve the same space(s) that I had last year.

I would like to change spaces.

I am a new vendor in the Lee's Summit Farmer's Market.

I have enclosed my check in the amount of \$ _____ (Make checks payable to DLSMS)

AGREEMENT

I acknowledge that: (1) I desire to participate in the Farmer's Market Program, (2) I will be assigned a place to park my vehicle(s) to display and sell my products, and (3) that all produce, etc. listed above is grown within 150 miles of Lee's Summit, Missouri. In consideration of the foregoing, I agree that: (1) I have received and will abide by the Rules of Operation; (2) I will be responsible for and will pay for any personal injuries, property damage or cleanup costs caused by my activities or anyone helping me; (3) the City of Lee's Summit and Downtown Lee's Summit Main Street, Inc. will not be responsible for my personal injuries or property damage that is caused by me or anyone helping me; and (4) further agree to pay any claims against the City of Lee's Summit or Downtown Lee's Summit Main Street for personal injuries which are the fault of myself or anyone helping me (this includes the costs of any lawsuits, out-of-pocket expenses and attorneys fees). I will not be responsible for any liability that is not caused by my activities or anyone helping me.

Date

Signature

ACCEPTED:

Date

Main Street Representative

FOR OFFICE USE ONLY

SPACE #(S) _____

CHECK # _____

CASH

DATE REC'D _____