Marion County
Board of County Commissioners
Human Resources ◆ Risk and Benefit Services
521 SE 26th Court
Ocala, FL 34471
Phone: 352-438-2345
Fax: 352-438-2347

"Health Happens"
Commit, Inspire, Achieve

Marion County "Health Happens" Farmers' Market Application

The Marion County Board of County Commissioners is promoting wellness by giving citizens and county employees an additional opportunity to purchase fresh produce in a convenient way at the **Marion County "Health Happens" Farmers' Market.**

The Farmers' Market will take place at 601 SE 25th Avenue (McPherson Complex) on Friday from 9a.m. to 3 p.m. The market will continue weekly through December 2013.

A $15.00 vendor participation fee will be charged per space each week. You must notify the market manager of any absence the Wednesday prior to the market you will be gone. If you are scheduled to attend the market but do not arrive, and you did not give notice to the market manager; your location will not be reserved for the next week's market. *(Checks or money orders should be made payable to the Marion County Board of County Commissioners. Cash will not be accepted.)*

Vendor applications must be completed and submitted for review. Once application has been reviewed, you may be asked to provide any necessary licensure within 48 hours of when the request was made. **If you are interested in becoming a vendor at the "Health Happens" Farmers' Market, please complete and submit the application on the following page for review.**

If you have questions regarding the application process, please contact:
Health and Wellness Coordinator
Human Resources – Risk and Benefit Services
521 SE 26th Court, Ocala FL 34471

For additional information, email wellness@marioncountyfl.org.

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Vendor Participation Application

Business/Vendor Name: _____
Contact Name: _____
Date of Birth: _____ **Driver's License Number:** _____
Mailing Address: _____ **State**:_____ **Zip**:_____
Phone Number: _____ **Fax Number**:_____
Email: _____
Best time and method to be reached: _____

Please let us know any dates you will not participate at the Farmers' Market:_____

Please check the products you will be selling at the Farmers' Market:

- ☐ Produce
- ☐ Bread
- ☐ Honey/Sauces
- ☐ Cooking oils
- ☐ Jewelry
- ☐ Plants
- ☐ Prepared Food
- ☐ Beverages
- ☐ Peanuts
- ☐ Herbs
- ☐ Salsa
- ☐ Other_____

Please read and check that you agree and will comply with the following:

☐ I understand there will be a $15.00 vendor participation fee for each space leased weekly.
Check or money order is to be made payable to the Marion County Board of County Commissioners.

☐ I understand that I must show proof of grower certification or other applicable documentation. *See selling requirements.

☐ I understand I am responsible for my own set-up (10 by 10 tents without sides), clean-up and trash removal. *Tents larger than 10 by 10 will not be accepted.*

☐ I understand that all vendors must park in the designated vendor parking area.

☐ I understand that cancellation due to inclement weather is decided solely by the Market Manager. No refunds will be given. Credits may be issued and determined by the Market Manager.

☐ I understand the vendor is responsible for cleanliness and condition of all products sold at the event.

I hereby assume full risk, indemnify and hold harmless the Marion County Board of County Commissioners, its employees, representatives and agents individually or otherwise of said program from any and all actual or alleged claims arising out of and from my participation as a vendor at the event.

Vendor Applicant Signature:_____ **Date:** _____

You will be contacted once reviewed and asked to provide additional licensure if necessary.*