

Kauai County Farm Bureau

Affiliated with Hawaii Farm Bureau

P.O. Box 3895, Lihue HI 96766-6895

808-855-5429

info@kauaicountyfarmbureau.org

The Voice of Kauai's Agriculture



KCFB FARMERS' MARKET APPLICATION - AGREEMENT FORM

Thank you for your interest in the Kauai County Farm Bureau Farmers' Markets. Please read the enclosed information. If you would like to be a Vendor, please fill out the following application. Once we have received your application, we will keep your application on file as a potential Vendor. When we have an opening for your type of product, we will contact you to discuss the possibility of participation. Only when a spot is secured for you by the Market Manager will we require business documents. If you have any questions, please email at info@kauaicountyfarmbureau.org or contact the Market Manager.

Please sign me up as a vendor for the KCFB Farmers' Market:

MARKET	DAY	TIME	SPACE NEEDED (circle)
<input type="checkbox"/> Kaua'i Community Market at Kauai Community College	Saturday	9:30 a.m. -1:00 p.m.	1 2 truck (1 space = 10 ft)
<input type="checkbox"/> Kaua'i Culinary Market At the Shops at Kukui'ula	Wednesday	3:30 - 6:00 p.m.	1 2 (1 space = 1 table)

VENDOR CONTACT INFORMATION:

Name _____

Company Name _____

Address _____

City _____, Hawaii Zip Code _____

Business Phone _____ Cell Phone _____

Email _____ Facebook _____ Fax _____

Best way to reach me is: Phone ___ Email___ Facebook ___

Please list contact information for anyone working the booth, other than yourself, below. Please include name, cell phone and email:

Name _____

Cell Phone _____ Email _____ Facebook _____

Best way to reach me is: Phone ___ Email___ Facebook ___

"Kaua'i County Farm Bureau (KCFB) cultivates a thriving and prosperous agricultural sector, firmly rooted in the community, by working collaboratively to build long term support and providing a respected voice for Agriculture on Kauai " **adopted June 2012**

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FARM BUREAU**

Business Type: Check all that apply: (use additional sheet if necessary)

- Fruits/vegetables—complete crop plan below
- Dairy: specify products _____
- Fish: specify products _____
- Meat: specify _____
- Honey products: specify products _____
- Baked goods: specify products _____
- Prepared foods: specify products _____
- Value added: specify products _____
- Nursery products: circle product types—annuals, perennials, vegetable/herb plants, nursery stock
- Eggs
- Herbs (dried or fresh-cut)
- Other _____

Farmer Crop Plan Indicate crops grown that you plan to sell at the KCFB Farmers Markets, including acreage of each item. Please identify the grower and contact for any crops you do not personally grow.

Crop	Acreage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Value Added Products Additional value-added products you plan to sell, as allowed by the KCFB Farmers' Markets' rules and regulations: (Identify which locally sourced ingredients you will use and local farm supplier)

Farm & Kitchen Inspections:

KCFB reserves the right to do spot visits including farm & kitchen inspections to assure that the products sold are in compliance with the KCFB Farmers' Markets' rules and regulations.

Directions to your farm:

Commercial Kitchen location and contact number for verification:

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AGREEMENT (Application is not complete unless signed below.):

I understand that the Kauai County Farm Bureau reserves the right to cancel this application/agreement, with or without cause, at any time.

The Kauai County Farm Bureau has the right to terminate this application/agreement if I do not abide by the rules and requirements set forth in "Farmers' Market Handbook," or if I conduct myself in a manner that is injurious to the best interest of KCFB, its mission and purpose.

FOR KCFB USE ONLY			
Based on reviewed products to be sold, Vendor category is determined to be:	Tier 1	Tier 2	Tier 3

Signature of Vendor

Date

Print Name of Vendor

Signature of Booth Manager

Date

Print Name of Booth Manager

Date

Please mail to:
Kauai County Farm Bureau
PO Box 3895
Lihue, HI 96766
or email scan to info@kauaicountyfarmbureau.org

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KCFB FARMERS' MARKET WAIVER

THIS WAIVER made this _____ day of _____, 20_____, by and between the KAUAI COUNTY FARM BUREAU (hereinafter referred to as "FARMERS' MARKET"), and _____, (hereinafter referred to as "PARTICIPANT").

WHEREAS, Farmers' Market is engaged in the planning, promotion and production of:

___ Kaua'i Community Market, Saturdays, 9:30 a.m. – 1:00 p.m. at Kauai Community College

___ Kaua'i Culinary Market, Wednesdays, 3:30 – 6:00 p.m. at the Shops at Kukui'ula

LIABILITY AND INDEMNITY. Farmers' Market assumes no risk; and by acceptance of this Waiver, Participant expressly releases Farmers' Market, its directors, officers, staff, employees and representatives of and from any and all liability for any damage, injury or loss to any person or property which may arise from the performance, by Participant, and agrees to hold and save Farmers' Market, its directors, officers, staff, employees and representatives harmless of and from any loss or damage by reason thereof. Farmers' Market, its directors, officers, staff, employees and representatives assume no responsibility whatsoever for any property brought onto the Market Grounds, and is hereby expressly released and discharged from any and all liability from any property loss.

Farmers' Market, any of its directors, officers, staff, employees and representative shall not be responsible for any loss, injury, or damage, which may occur to Participant or its property, arising from any cause whatsoever, prior to, during and subsequent to the Farmers' Markets.

Participant, by signing this Waiver, expressly understands that it releases Farmers' Market, its directors, officers, staff, employees and representatives and agrees to indemnify them against any and all claims and actions for personal injury, death and property damages arising from or resulting from or in any way connected with the performance, by Participant, of its rights, duties and obligations.

Participant shall name the respective Farmers' Market as Additional Insured on Participant's General Liability Policy and Participant must furnish a Certificate of Insurance showing such coverage to KCFB.

Participant shall, in addition, reimburse Farmers' Market for all its costs and expenses, including reasonable attorneys' fees, incurred or imposed in connection with the defense of any such claims.

1. **AMENDMENTS.** This Waiver shall not be amended or modified except by an instrument signed by all parties, hereto.
2. **AUTHORITY OF UNDERSIGNED.** The undersigned Participant acknowledges and understands this Waiver is being signed by Participant entering on the Market Grounds pursuant to the performance, by Participant of its right, duties and obligations under this Agreement, and that Participant understands and agrees to abide by the terms of this Waiver.

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As the undersigned Participant is signing this Waiver, the undersigned warrants that he/she has the authority, power and legal capacity to execute this Waiver.

Print Name of Vendor Participant

By: _____
Signature

Date: _____

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