



## Route 66 St. Clair Farmers' Market St Clair, MO

### 2011 Market Guidelines



Date .... April 30 through Oct. 30

Time ... 7:00am to 12:00 noon/ vender arrival for set up: 6:00am

Location.... Lot in front of Health Mart Pharmacy

Weather permitting

Space assignment...first come basis.

### Permit Fees

This year there will be no charge. However donations will be accepted. Vendors must apply in advance for a permit.

### Vendor Information

City business licenses are not required for farmers' market vendors.

Vehicle liability insurance is required.

Electricity is not provided. Water is not provided.

Vendors provide their own tables & pop up sun shades.

Co-op vendor space is encouraged for small gardeners – registration of participants is required.

Vendors are asked to stay set up at the market until noon each market day.

Prices should be displayed for fair trade practice.

Sales tax is the responsibility of the vendor.

Vendors must clean up the area around their booth and vehicle before leaving the site.

### Products

Missouri grown produce and plants must be sold by the grower or representative of the grower.

Baked and canned goods need proper labeling which should read:

Ingredients; Flour, eggs, milk, pecans, salt

This product was not inspected by the Franklin County Health Department

Name and address of manufacture:

Jane Doe

123 Apple Lane

Eat Local, Mo 11111

123-456-1111

Original arts and crafts must be made by the vendor (not from a kit)

Prepared foods made by the vendor, using acquired ingredients, are allowed with proper labeling.

No live animals are permitted for sale or brought to the market for after-market sale.

## **Farmer's Market Promotion**

Signage to mark the location will be placed on the lot.  
Website promotion located on Facebook for updates and other information.  
Flyers at local businesses will be visible during the season.

## **Market Provisions**

There will be planned special events during the season

## **Health Department Requirements**

All vendors must comply with the Food Safety regulations set forth by the Franklin County Health Department. For more information contact the Health Department at 636-583-7300.

## **Contact information**

Paula Dace 636-584-5946    [pdace2010@gmail.com](mailto:pdace2010@gmail.com)

Chamber Office 636-629-1889  
Bob Swank                    [chamber@stclairmo.com](mailto:chamber@stclairmo.com)

Janet Hurst 660-216-1749    [hurstj@lincolnu.edu](mailto:hurstj@lincolnu.edu)

## **Waiver of Liability**

In consideration of your accepting this application, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and demonstrators waive and release any and all rights and claims for damages I may have against the Route 66 St. Clair Farmers' Market, Sue And Steve **Lindemann**, Route 66 Medical Center its organizers, their sponsors, their representatives, successors, and assignees for any and all injuries suffered by myself or my guests in the event. Further, I hereby grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recordings or any other record of the event for legal purposes. I agree to abide by the rules and regulations of Route 66 St. Clair Farmers' Market.

**I have read and agree to abide by the Route 66 St. Clair Farmers' Market Rules and Regulations & Waiver of Liability. I agree to be in compliance with all External Regulations required by law.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Proof of Vehicle Liability Insurance required for all vendors to operate a vehicle within the Market area. Proof of Insurance Attached (copy of ID card)**



# Rt 66 St. Clair Farmers' Market Vendor Application 2011

Confirmation # \_\_\_\_\_

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

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Description of your products you will sell: \_\_\_\_\_  
\_\_\_\_\_

A confirmation number must be received by Vendor to confirm your booth reservation.

Vendor Questions 636-629-1889 or 636-584-5946

Mail to: Rt. 66 St. Clair Farmers Market 920 Plaza Dr. Suite F  
St. Clair, Mo. 63077

Waiver of Liability: In consideration of your accepting this application, I the undersigned, intending to be legally bound, hereby, myself, my heirs, executors and demonstrators, waive and release any and all rights and claims for damages I may have against the Rt 66 St. Clair Farmers' Market, Sue and Steve Lindemann, Route 66 Medical Center its organizers, their sponsors, their representatives, successors, and assignees for any and all injuries suffered by myself or my guests in the event. Further, I hereby grant full permission to the event organizers and /or agents authorized by them, to use any photographs, videotapes, recordings or any other record of the event for legal purposes. I agree to abide by the rules and regulations of the Route 66 St. Clair Farmers' Market.

I have read and agree to abide by the Route 66 St. Clair Farmers' Market Rules and Regulations & Waiver of Liability. I agree to be in compliance with all External Regulations required by Law.

X \_\_\_\_\_  
Signature Date

Proof of Vehicle Liability Insurance required for all vendors to operate a vehicle within the Market area. \_\_\_\_\_  
Proof of Insurance Attached (copy of ID card)