

Vendor Application & Waiver of Liability -Kannapolis Famers Market

Name:	
Farm/Business Name:	
Address:	-
Phone Number(s):	
Email:	_
List of Products to be Sold:	-
I have read, understood, and agree to abide by the Kannapolis Farmers . Guidelines.	– Market
I also agree as a participant in the Kannapolis Farmers Market, to hold Kannapolis, Oak Ave Partners LLC, the Kannapolis Farmers Market Cotheir agents and employees, harmless and to indemnify the City of Kanna LLC, the Kannapolis Farmers Market Committee and their agents and enproperty being exhibited and from any personal injury claims that might result of the vendor's property being exhibited at the Kannapolis Farmer direct result of my participation in the Market. I hereby waive, release, a any and all claims for damages for personal injury, death, or property dahave occurred or which may have accrued as a result of activity at the Karmers Market.	mmittee, and apolis, Oak Ave apployees for arise as a direct ar Market or as a and discharge amages that may
Signature:	
Date:	_

Please submit application and copy of Certificate of Registration from the NC Department of Revenue to Jenna Logan (<u>ilogan@kannapolisnc.gov</u>; 704-920-4369). If accepted, you will be asked to pay \$30 annual fee.