



Claremont Tailgate Market Vendor Application



Name: _____ Farm/Business Name: _____

Address: _____

Phone: _____ Email: _____

Fax: _____ Tax ID: _____

Do you produce your own products? yes no

What percentage do you grow? _____

If you purchase produce from other sources, please list the name of the farm, person of contact, address and phone number: _____

Specific products to be sold at the Tailgate Market:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Will you require water or power? yes no

If yes, please explain: _____

Waiver: I (we) relieve the City of Claremont and its employees from any and all liability for any loss, damage, injury or costs associated with the applicant's use and presence at the Claremont Tailgate Market; I (we) agree to hold the City of Claremont harmless from any and all claims, costs, and actions occasioned by me for the use and presence at the Claremont Tailgate Market. I (we) agree to comply with all rules and regulations of the Claremont Tailgate Market.

I (we) have read the Claremont Tailgate Market Rules and Regulations of 2014 and agree to follow the rules of this agreement. I (we) understand that by not following the rules and regulations will result in forfeiting participation in the Claremont Tailgate Market.

Applicant Signature: _____

Date: _____