



MARKET USE ONLY	
Date Received	_____
Accepted:	Y N

2025 "LOVE LOCAL BUY SUFFOLK" VENDOR APPLICATION

*Suffolk Tourism will continue to accept applications throughout the market season.
 If vacancies become available, vendors will be selected at the discretion of Suffolk Tourism.
 If there are no vacancies at the time an application is received, the applicant will be placed on a waiting list.*

Application must be received seven (7) business days before requested vendor date.

Incomplete applications will NOT be processed.

Please return this completed **NOTARIZED** application to:

Suffolk Visitor Center
 ATTN: Suffolk Farmers' Market
 524 North Main Street
 Suffolk, Virginia 23434

Full Name of Applicant (Please Print): _____

Business Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Email: _____ **Website:** _____

Social Media with @ handle: _____

Emergency Contact (Name and Phone): _____

Do you participate in other markets: ____ YES ____ NO If yes, where: _____

Are you a: ____ New Applicant ____ Returning Applicant

I would like to be added to the list to receive the monthly Suffolk Farmers' Market E-Newsletter list:
 ____ YES ____ NO

Describe Your Business:

Do you require electricity: ____ YES ____ NO *(note electricity is not guaranteed)* If selected yes, please provide an explanation why electricity is needed: _____

Will you have items from your business available for purchase: ____ YES ____ NO

Vendors are required to submit a **COMPLETE LIST OF ALL PRODUCTS** they wish to sell at the market. All products offered for sale must (required) be pre-approved by Market Management. Some products may be limited as to not directly compete with market vendors.

LOVE LOCAL CATEGORY:

- RESTAURANT RETAIL/BOUTIQUE SHOP HEALTH/BEAUTY COMMUNITY SERVICE
 ARTS/ENTERTAINMENT SUFFOLK ATTRACTION

<p style="text-align: center;">VENDOR FEE: Love Local Buy Suffolk vendor space: No Charge.</p>

2025 SEASON MARKET DATES

Love Local Buy Suffolk Vendors are limited to two (2) market dates per season. Place a check next to the two dates of the farmers' market you plan to attend. Vendor will be notified of approval status and market date(s) within (5) five business days of receipt of application.

Saturdays 9:00am – 1:00pm

Vendors are expected to attend all market dates committed and approved for on this application. If a vendor is unable to attend a scheduled market, notification is expected by 3:00pm the day prior to market day. Leaving early is prohibited. Vendors missing one market day without informing the market facilitator or staff of absence will forfeit their vending space and participation fees.

- | | | | | |
|------------|-------------|---------------|------------------|-----------------|
| ___ May 3 | ___ June 14 | ___ July 26 | ___ September 6 | ___ October 18 |
| ___ May 10 | ___ June 21 | ___ August 2 | ___ September 13 | ___ October 25 |
| ___ May 17 | ___ June 28 | ___ August 9 | ___ September 20 | ___ November 1 |
| ___ May 24 | ___ July 5 | ___ August 16 | ___ September 27 | ___ November 8 |
| ___ May 31 | ___ July 12 | ___ August 23 | ___ October 4 | ___ November 15 |
| ___ June 7 | ___ July 19 | ___ August 30 | ___ October 11 | ___ November 22 |

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

Applicants must read the rules and regulations included in the vendor packet.

Please initial next to each "X" identifying that you have read, understood, and will abide by all Suffolk Farmers' Market, state, and local government rules and regulations.

I understand that I must accurately report my sales earnings (if applicable) at the conclusion of the market day. The Suffolk Farmers' Market *will not* take a percentage of vendor sales.

I understand that submitting a completed application does not guarantee the applicant a space at the market until my application has been reviewed approved.

I understand that I may not be approved for the date(s) selected and/or products listed to sale on my application.

I understand that photographs and videos may be taken by the City of Suffolk for promotional purposes. By participating in the Suffolk Farmers' Market, you are granting permission to have photographs and/or videos taken of you and/or your products.

I understand the Suffolk Farmers' Market operates 9am to 1pm and should arrive by 8:45am and be ready to promote my business at the start of the market.

I understand that I am allocated a space on market grounds at the discretion of the market facilitator.

I understand that the Suffolk Farmers' Market is not a forum for political or religious activities. Applicants wishing to campaign, proselytize or gather signatures with regard to civic, political or social issues will not be scheduled dates.

I understand that smoking is prohibited inside and around the pavilion, stage area, market grounds or within 100 feet of visitor center grounds.

By signing, I certify that I have read and do agree to abide by the rules and regulations of the Suffolk Farmers' Market.

Print Name: _____

Signature: _____

Date: _____

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THIS DOCUMENT MUST BE NOTARIZED

Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in the City of Suffolk Farmers' Market, the Vendor hereby releases, waives, discharges and covenants not to sue the City of Suffolk, its agents, employees or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor / Releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the Suffolk Farmers' Market, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of Vendor / Releasees or otherwise.

I further hereby agree to indemnify and hold harmless the City of Suffolk, its agents, representatives, employees and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor / Releasees or otherwise.

I understand that the City of Suffolk does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Vendor / Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with laws of the Commonwealth of Virginia and City of Suffolk ordinances.

In signing this agreement, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal on this ____ day of _____, **2025**.

Printed Name

Signature

COMMONWEALTH OF VIRGINIA
CITY OF _____

The foregoing Waiver of Liability and Hold Harmless Agreement was acknowledged before me this ____ day of _____, **2025** by _____, who is personally known to me or who produced _____ as identification.

Notary Public

My commission expires: _____.

Notary Registration Number: _____