



Hamilton Farmers Market Cooperative

PO Box 844, Hamilton MT 59840

406.381.4386 info@hamiltonfarmersmarket.org

Market is on Bedford, 2nd and 3rd Streets, Saturday mornings 9 AM to 12:30 PM

2024 LETTER OF INTENT

May 4-Oct 19, 2024* Must be completed, signed and returned to the Market Manager before your first market of the season. Returning (2023) vendors who wish to reserve the same space **MUST** return form with payment or payment choice (details on reverse) **by January 1, 2024.**

*Museum event dates excluded (June 8 - Bitterroot Days; October 5 - Apple Days)

(Printed INDIVIDUAL name)
applies to sell products/service at the Hamilton Farmers Market Cooperative.

Business Name
Individual ___ Partnership ___ LLC/Corporation ___

Physical Street Address:
City/Zip Code

Mailing Address (if different):

I affirm that I am a Ravalli County resident. Initials _____

Phone:

Email (Required):
Print Legibly

List or Describe Products or Services:

- Booth Space is 10'x10' and only 10'x10' canopies are allowed
- Sign or banner with vendor/business name is required
- Food products must be cleared by Ravalli County Environmental Health (Contact: 406.375.6569)
- Reserved spaces are secured with prepayment in full or at least one half **by Feb. 1st. Co-Op only.**
- Vendors who wish to sell at market in "Non-Reserved" status, should contact the Market Manager on or before the Wednesday prior to market day. An extremely limited number of spaces may be assigned on Saturday mornings beginning at 8 AM.
- Advance approval required for: Food Trucks, Trailers (any type) and Generators due to restrictions and/or limited space.

Signature below indicates you have received, understand and agree to comply with HFMC Market Rules and Regulations. All employees or volunteers working your booth must be informed about Market Rules and **MUST** abide accordingly.

Signature: _____ Date: _____

Would you like to receive Board Meeting Minutes and/or Market Newsletter via email? YES NO

Please initial below according to the applicable category(ies)

<u>Agricultural Products:</u> I will sell ONLY agricultural products grown or produced IN Ravalli County and from non-genetically modified (non-GMO) seed. (Typically applies to farmers and growers of vegetables, fruits, herbs, mushrooms, living plants, etc.)	_____ Initials
<u>Non-Ag Products:</u> I will sell only non-agricultural products I personally created in Ravalli County and in accordance with "Made In Montana" guidelines. (Typically applies to crafters and makers; additional information: https://www.madeinmontanausa.com) Not Permitted: Multi-Level Marketing or Franchise companies.	_____ Initials
<u>Youth/Child (age 17 and under):</u> Parent/Guardian must complete and sign this form and a responsible adult must remain at the market at all times. PLEASE PRINT CHILD'S NAME:	_____ Initials
<u>NonProfit Organizations:</u> Must have verifiable 501(c)(3) status; may NOT sell anything including raffle tickets	_____ Initials
<u>Local Services:</u> I plan to promote my local service or business. I will NOT sell anything at the market.	_____ Initials

Booth Fee Payment Schedule - per 10x10 space

<u>Reserved, Co-op Members (Choose One)</u>	
1. Payment on or before Jan 1, 2024 = \$360	
2. Payment by Feb 1, 2024 = \$400	
3. 2024 Installment plan: \$200, Feb 1; \$120, March 1; \$120, April 1 = \$440	
<u>Non-Reserved, Co-op</u> members \$25/week	
<u>Non-Reserved, NON Co-op</u>, weekly space \$35/week	
<u>Electric outlets:</u> 1 extension cord per box using max 2000 watts = \$45 per season prepaid . Limited number of outlet boxes available; must be arranged in advance. # of watts _____ Determine your total watts by adding up all the watts listed on your appliances = max 2000 watts. Electrical service is not assured since it is subject to the circuits provided. If your connection blows a breaker, your extension cord will be removed. Maximum of 2 cords per vendor. # of cords _____ X \$45=	
Youth/Child - per market \$15	
Non Profit - per market \$15	
Individuals may purchase Cooperative Stock Owner Share (one member, one vote) = \$65/one time (Complete separate stock purchase agreement form)	
TOTAL DUE	
Payment Method: Cash Check # _____ Credit Card* plus 3% fee	
<small>*Secure Link for credit card payments will be sent via email for all credit card payments not processed in person. Do NOT provide CC information on this form.</small>	