



**Independence Farmers Market  
Winter Market Application**

211 W Truman Rd. Independence, MO 64055  
816-325-7370, FarmersMarket@indepmo.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

Product Description \_\_\_\_\_

<b>Staff Use Only:</b>
Date Received _____
Time _____
Booth Location _____ # _____
Staff: _____
Date: _____

**Fees:**

\_\_\_\_\_ \$125 Season Rate (*Five Winter Market dates*)

\_\_\_\_\_ \$30 Daily Rate (*Check all months that apply : December January February March April*)

\_\_\_\_\_ = **Total**

Cash \_\_\_\_\_ Check # \_\_\_\_\_

VISA \_\_\_\_\_ MC \_\_\_\_\_ DISCOVER \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

*Dates: December 7, January 4, February 1, March 1, April 5*

*Set Up: 8 a.m. Hours Open: 9 a.m. - 1 p.m.*

I hereby agree to lease \_\_\_\_\_ selling spaces per market day on the first Saturdays from December 2024 to April 2025 at the Independence Farmers Market. I understand that this is a GROWERS ONLY market and that I am a produce/plant grower. Selling produce grown by another local farmer is acceptable if the market is notified. Produce that is shipped in or purchased at AUCTIONS is not allowed. Violators will be asked to leave the market, and no refunds will be given. I have received a copy of the market rules, fees, and restrictions and agree to comply accordingly. I certify that any produce, plant or craft item offered for sale has been grown or made by me in accordance with market regulations.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_