Opp Farmers Market 2025 Application

Contact Name		
Farm/Business Na	ne	_
Mailing Address		
City:	County:	Zip Code:
Phone:	E-Mail:	
	oducts You Intend To Se	
individually and sev Opp, Opp Chamber harmless from and a expenses (including or be asserted again	rerally liable for and to ind of Commerce, and Marke against any loss, personal i attorneys' fees), liabilities	cipating in the market, vendor hereby agrees to be emnify and hold Opp Farmers Market, City of t Manager, (collectively, the "Indemnitees") njury, deaths, and/or any other damages, costs, and to claims, or actions that may occur, be incurred by or act or omissions of vendors or that of its itees.
2025 Market Rules agricultural product myself and/or my en	& Regulations to obtain all s from my farm (where ap imployees. Failure to abide ther agree not to hold any control of the con	terms of the Opp Farmers Market outlined in the l applicable permits and licenses; to sell only plicable); or to sell only products produced by by Market Rules will result in removal from the of the Indemnitees responsible for any damages
This application sha Harmless Agreemen		ovisions of the "Vendor Indemnification/ Hold
Signature:		Print Name:
Date:		
		or email to the address below to apply for the

2025 Opp Farmers Market. Joni Lolley, joni@oppcoc.net, PO Box 148 Opp, AL 36467,

334-493-3070