

Briargate Farmers' Market

2008 Market Registration/Rules/Payment Form

Space is limited so please return form with payment by June 1, 2008

Send Registration Form, Fees, Product Liability Insurance (if applicable) and Photos (if requested) to:

Briargate Farmers' Market ---- (make check payable to Zia Labs Inc.)
P. O. Box 62874
Colorado Springs, CO 80962
Please call me at 719-210-9229 if you prefer to pay by credit card.

Please Print

Business Owners Name: _____

Business Owners Home Phone: _____

Business Owners Cellular Number: _____

Company Name: _____

Mailing Address: _____

City, State, Zip _____

E-mail Address: _____

CO Sales Tax # _____ City Sales Tax # _____

Location of farm/studio/production point (physical location. No PO Box): _____

Crops/Crafts/Items you produce/make/sell: _____

Fees are \$35.00 for each 10x10 space plus 2% of Sales. There will be no refund for non-attendance. Market will open at 9:00 a.m. and close at 12 noon each Saturday (see dates below). Market will be open rain or sunshine. Set-up will start at 8:00 a.m. Tear-down will begin at 12 noon. Tents must be weighted down at all times. Some vendors will be able to set-up their tent in front of their vehicle, others will need to unload items and move their vehicle. Vendors will be responsible for collecting and reporting their own taxes for the City of Colorado Springs, State of Colorado and Federal Government. Vendors are responsible for their own General Liability Insurance. The Market is located near the intersection of Briargate Parkway and Chapel Hills Drive in the front parking lot of the Salsa Brava Restaurant. Briargate Parkway runs east and west right in front of the Restaurant. The address is 9420 Briar Village Point.

Indicate the dates you plan to attend market:

July 12 _____ July 19 _____ July 26 _____

Aug 2 _____ Aug 9 _____ Aug 16 _____ Aug 23 _____ Aug 30 _____

Sept 6 _____ Sept 13 _____

Dates must be selected and paid in advance

_____ one 10x10 space at \$35.00/day times _____ number of Sat. = \$ _____ total

_____ two 10x10 spaces at \$70.00/day times _____ number of Sat.= \$ _____ total

A fee of 2% of your Sales will be collected at the end of each Saturday market.

_____ check here if electricity is needed (available on a limited basis)

_____ check here and enclose Product Liability Insurance/ Health Dept. Permit (needed For Concessionaire/Processor)

_____ check here and enclose photos (if requested)

The vendor agrees to indemnify and hold harmless Briargate Farmers' Market a subsidiary of Zia Labs Inc, managing partners, representatives, agents from and against all liability, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to the applicants activities at the Briargate Farmers' Market. **I have read the Market Rules of the Briargate Farmers' Market and by my signature below accept and agree by the conditions outlined therein.**

Applicant Signature _____ Date _____

Please print Applicant name _____ Amount paid \$ _____

Information/questions please contact Yolanda Simpson at 719-210-9229 or e-mail me at info@briargatefarmersmarket.com or web page at www.briargatefarmersmarket.com **Thank you!**