



Dexter Farmers Market 2020 Kidz Bidz Application

Child or Group Name: _____

Parents Name: _____

Address: _____

Phone: (____) _____

Date you are requesting to participate in the Program: _____

Name of your product: _____

Description of your product: _____

Average price of your products: _____

May we take a picture of your child or group with their product and include it in our market advertising, website and/or display board at the Farmers Market?

Please circle: Yes or No

Parent's signature: _____

INDEMNIFICATION, HOLD HARMLESS/RELEASE AND ASSUMPTION OF RISK AGREEMENT

To the fullest extent permitted by law, I agree to defend, pay on behalf of, indemnify, and hold harmless the City of Dexter, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Dexter any and all claims, demands, suits, or loss, including all costs and attorney fees connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Dexter, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Dexter, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or in any way connected or associated with my child's participation in the Dexter Farmers Market.

CAUTION: This document release liability, results in assumption of risk, and provides for indemnification and hold harmless of the City of Dexter by Participant. Please read carefully before signing.

CITY OF DEXTER

PARTICIPANT:

By: _____

Signature of Parent

Title: _____

Print Name of Parent

Dated: _____

MAIL APPLICATION AND HOLD HARMLESS TO:

CITY OF DEXTER, FARMERS MARKET

8140 MAIN STREET, DEXTER, MI 48130

In person at: 8123 Main Street, 2nd floor/PNC Bank Building

OR email to: farmersmarket@dextermi.gov

GUIDELINES:

1. Application and Products to be sold:

You must be between 5 and 12 years old to participate and make or grow your own product. You may receive help from an adult if needed.

2. Cottage Food:

If you want to sell baked goods you must follow the Cottage Food Law Guidelines set by the State of Michigan. Please be sure to comply with the law found at the MDARD website: https://www.michigan.gov/mdard/0,4610,7-125-50772_45851-240577--,00.html

3. Check in and Booth/Stall:

When you arrive at the market please check in with the Market Manager. You will need to bring your own table, chair, and a sign with your business name. The City will provide a sign that represents the “**Kidz Bidz**” booth. You are responsible for leaving your area clean at the end of the day.

4. End of Day:

Please fill out the enclosed Sales Report at the conclusion of the market and give to the Market Manager or mail to the address provided.

5. Weather Policy:

If the National Weather Service has issued a severe thunderstorm warning that carries lightening before or during the Market hours the Market Manager will cancel the market. If there is a tornado warning during market hours, market vendors can take cover in the basements of the Dexter District Library or the Dexter Area Fire Department at 8140 Main Street. If a vendor feels they need to leave the market due to bad weather conditions please notify the Market Manager.

6. Hours and Days of Operation/Loading and Unloading:

Kidz Bidz hours are: **Saturdays:** 9 am to 11 am, or if you prefer, you can come at normal market times, from 8 am to 1 pm or **Tuesdays:** 2 pm to 4 pm.

7. Parents please remove vehicle immediately after unloading. Set-up time shall take place ½ hour prior to starting time. Parking is available in the Mill Creek Park North lot behind the Fire Dept. at 8140 Main Street, on Broad Street or at the corner of Forest Street and the Broad Street Alley. Please do not park in the Dexter Library lot.

For question contact Market Manager, Dana Queen at the City Offices: 734-426-8303, Mon-Fri 9:00 am – 5:00 pm.



DEXTER FARMERS MARKET

2020 Kidz Bidz Sales Report

Participants Name: _____

Date at the Market: _____

Type of product sold: _____

Number of products sold: _____

Hours at the market start to finish: _____ - _____

Do you think the product pricing was accurate? _____

If not, how would you change it? _____

What did you like about your experience? _____

What was your biggest challenge? _____

What would you do differently? _____

Thank you for joining us at the Dexter Farmers Market this season.

Please Mail to:
Dexter Farmers Market
8140 Main Street
Dexter, MI 48130

or in person at:
8123 Main Street, 2nd floor
PNC Bank Building