

**Artisan Application
Mankato Area Growers Association 2011**

Name _____

Name of Business _____

Address _____

City & State _____

Email _____ Do you check it? _____

Telephone Number _____ Cell _____

How many miles from Madison East Center, Mankato do you live? _____

What products do you intend to sell at the Farmers' Market? _____

Days, dates and times you plan to attend _____

*Attached to this application you will find my proof of liability insurance _____

This form is for Artisans/Artwork only. Growers are required to apply for membership. If accepted, you are agreeing to have your product juried by a committee of MAGA members.

In filling out and signing this form, you are seeking the privilege of selling at the Mankato Farmers' Market. You are agreeing to abide by all rules and regulations of MAGA, as specified in the by-laws. This includes that you make all your products yourself, and you are not selling on behalf of another party, that you live within a 40 mile radius of the Mankato Market, that you accept all responsibility for proper licensing and conformance to the law of your products and business, that you will only sell good quality products and that you accept full responsibility for the quality of your products.

I agree to the conditions stated above, and that all information I have stated on this form is correct.

Signature

Date

**Please return this form to:
Heidi Thompson
12742 590th Ave.
Wells, MN. 56097**

507- 525- 3617 heidithepainter@gmail.com

