



## 2017 Maple Grove Farmers Market Sponsorship Agreement

PLEASE PRINT

Date completed: \_\_\_\_\_

|                         |  |               |  |             |  |
|-------------------------|--|---------------|--|-------------|--|
| <b>Business Name:</b>   |  |               |  |             |  |
| <b>Primary contact:</b> |  |               |  |             |  |
| <b>Street Address:</b>  |  |               |  |             |  |
| <b>City:</b>            |  | <b>State:</b> |  | <b>ZIP:</b> |  |
| <b>Day phone:</b>       |  |               |  |             |  |
| <b>E-mail:</b>          |  |               |  |             |  |

You are being asked to supply certain information about yourself that may be private information. The requested information may be used by the Farmers Market staff, Administration department, and other City employees as reasonably necessary. The purpose of this requested information is to allow the City to contact you with information regarding your status as a sponsor and market related updates/questions. Failure to supply the requested data may result in the delay of the City supplying you with information.

Please select your sponsorship level:

|                          |                      |         |
|--------------------------|----------------------|---------|
| <input type="checkbox"/> | Grow Local (Premier) | \$4,000 |
| <input type="checkbox"/> | Power of Produce     | \$3,000 |
| <input type="checkbox"/> | Senior September     | \$2,000 |
| <input type="checkbox"/> | Neighborhood Market  | \$2,000 |

|                          |                  |         |
|--------------------------|------------------|---------|
| <input type="checkbox"/> | Customer Loyalty | \$1,500 |
| <input type="checkbox"/> | FarmFan          | \$1,500 |
| <input type="checkbox"/> | Rock the Market  | \$1,000 |
| <input type="checkbox"/> | Seedlings        | \$500   |

**Please check:**

- ☐ I understand that sponsor candidates are evaluated on an individual basis to ensure there is no direct conflict with Maple Grove Farmers Market's mission or the City of Maple Grove's vision for the Farmers Market.
- ☐ I agree that the City of Maple Grove and the Maple Grove Parks and Recreation Board, and their respective officers, employees, agents and consultants are not liable for any injury, illness, theft, loss, or damage of any kind to sponsor or their property, arising out of or pertaining to preparation for or participation in the Maple Grove Farmers Market; whether such injury, theft, loss, or damage occurred prior, during, or after the Maple Grove Farmers Market, I further agree to indemnify, defend and hold harmless the City of Maple Grove and the Maple Grove Parks and Recreation Board and their respective officers, employees, agents and consultants for and against any claims for such injury, illness, theft, loss, or damage.
- ☐ I understand that the City of Maple Grove does not provide general liability and product liability insurance coverage and that it is recommended that I carry my own.
- ☐ The City of Maple Grove takes pictures and videos of participants and attendees at the Maple Grove Farmers Market for use in marketing and for promotional purposes. I grant permission to use my name, business name, logo, pictures, videos and quotes and those of my employees for this purpose.

## 2017 Farmers Market Sponsorship Agreement

Please contact Market Manager Kirsten Bansen Weigle at 763-494-5824 or email [kbansenweigle@maplegrovern.gov](mailto:kbansenweigle@maplegrovern.gov) with any questions.

**Mail the following to:** Maple Grove Farmers Market  
P.O. Box 1180  
Maple Grove, MN 55311

- This completed agreement (boxes must be checked and signature below required)
- \$\_\_\_\_\_ amount enclosed (make checks payable to the City of Maple Grove or see attached credit card option).
- Email your business logo (.jpg only) to [farmersmarket@maplegrovern.gov](mailto:farmersmarket@maplegrovern.gov)

Sponsorship will not begin until funds have been received. Once a sponsor is confirmed, please note the payment is non-refundable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your support  
Sponsors are very much appreciated as we continue to  
work and grow together in our vibrant community.**



**Every Thursday - June 8 - October 19, 2017**      **3 to 7 p.m. (3 to 6 p.m. in October)**  
**Maple Grove Community Center parking lot, 12951 Weaver Lake Road, Maple Grove, MN 55369**

**[www.MapleGroveFarmersMarket.com](http://www.MapleGroveFarmersMarket.com)**

**Phone: 763-494-5955**

**[farmersmarket@maplegrovern.gov](mailto:farmersmarket@maplegrovern.gov)**

**Fax: 763-494-6421**



### Office Use Only

Vendor name: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_

**Use this sheet for credit card information only.**  
**It will be destroyed after the payment has been processed.**

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

### TO PAY BY CREDIT CARD

VISA  
 MASTERCARD  
 DISCOVER  
 AMERICAN  
 EXPRESS

Name as it appears on credit card \_\_\_\_\_  
 Please print

Billing address for credit card: \_\_\_\_\_  
 Street address

\_\_\_\_\_  
 City State ZIP

Type of credit card ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Number \_\_\_\_\_

CSV # \_\_\_\_\_ (3 digit number on back of card / on front for American Express)

\$ Amount \_\_\_\_\_ (add \$20 for electricity if applicable)

Cardholder signature: \_\_\_\_\_

Date: \_\_\_\_\_