



LAFAYETTE VILLAGE ASSOCIATES LLC
75 STATE ROUTE 15, UNIT 51
LAFAYETTE, NJ 07848

2022 FARMERS MARKET/CRAFT VENDOR EVENT AGREEMENT

Vendor Name: _____

Contact: _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Contact at Market: _____ Mobil: _____

Farm Vendor or Craft Vendor (please circle)

What do you sell? _____

Organic Grower? _____

Other Certifications? _____

The Shoppes At Lafayette (LVA) will require a copy of applicable vendor registrations, Payments, Insurance Certificates, and Food Handlers/Health Dpt Licenses.

Spaces are 10' frontage spaces. Number of spaces needed: _____ (Costs of Spaces Below)

Special Requirements needed: _____

I/We agree to allow LVA to post information and photos of vendor on their social media sites to include but not limited to Websites, Facebook & Instagram.

Insurance Requirements: Vendors must provide either

A. Certificate of Liability Insurance or

B. Sign a Release From Liability (available in The Shoppes Office).

Photography Release: I grant to Lafayette Village Associates LLC and the Photographer the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of me or my product or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. I release and discharge Lafayette Village Associates LLC and the Photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Lafayette Village Associates and the Photographer, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

PLEASE RETURN APPLICATION TO: The Shoppes At Lafayette
75 State Route 15, Unit 51
Lafayette, NJ 07848

Email: [LVACraftFair@gmail.com](mailto:LVAcraftFair@gmail.com)

[Craft events and Farmer's Market](#) – Single Weekend day, no commitment to additional weeks

One (1) Space: \$60.00 per day

[Farmer's Market Yearly Contract](#) Costs per frontage space per day, Sundays from May 15 to November. Payment will be monthly, payment due the first Sunday of the month. No credit/refund given for weeks not in attendance.

One (1) Space: \$40.00
Two (2) Spaces: \$55.00
Three (3) Spaces: \$70.00
Four (4) Spaces: \$85.00

Payment: Make check payable to Lafayette Village Associates LLC

Requests for cancellation must be in writing with signature and received by management no less than 30 days before the event date.

I, the undersigned, certify that I am a professional farmer/business that has read, and will comply with the 2022 Rules and Regulations of The Shoppes At Lafayette Farmers Market/Craft Event, the code of conduct printed on the web at: [Code of Conduct | The Shoppes at Lafayette](#) and with all Federal, State and Local health, Safety and Labor Standards. I, the undersigned, also understand that The Shoppes at Lafayette make no representation as to the numbers of customers that may be present at the farmers market.

Signature

Date

Printed Name