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Amount paid	_____	C F

## 2012 Maple Grove Farmers Market Sponsorship Application

**Every Thursday, June 14 - October 18**

**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

Email: farmersmarket@ci.maple-grove.mn.us

Phone: 763-494-5955

Fax: 763-494-6421

**Community Partner (\$500)**

**Friend of the Market (\$200)**

**Sponsorship fee must accompany this application.**

**PLEASE PRINT**

Date of application: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Do you give permission to release your name, phone number, email and website to customers interested in contacting you for information? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the type of product/activity you intend to promote. Please note sponsors may not offer any items for sale or purchase. Handout of fliers, brochures, coupons and free promotional items are permitted (and encouraged) as are free giveaways/sign ups to win. No money may be exchanged between sponsor and customer. Fundraising is not permitted nor any promotions for personal gain. Also, sales of "chance" items (i.e. customer pays \$\$ for a chance to win) are prohibited.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check **ALL** days you would like to sponsor the market. We will contact you to confirm and finalize arrangements. Staff will work to secure an alternate date if space is not available on the date(s) selected.

- |                                  |                                      |                                       |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 14 | <input type="checkbox"/> August 2    | <input type="checkbox"/> September 13 |
| <input type="checkbox"/> June 21 | <input type="checkbox"/> August 9    | <input type="checkbox"/> September 20 |
| <input type="checkbox"/> June 28 | <input type="checkbox"/> August 16   | <input type="checkbox"/> September 27 |
| <input type="checkbox"/> July 5  | <input type="checkbox"/> August 23   | <input type="checkbox"/> October 4    |
| <input type="checkbox"/> July 2  | <input type="checkbox"/> August 30   | <input type="checkbox"/> October 11   |
| <input type="checkbox"/> July 19 | <input type="checkbox"/> September 6 | <input type="checkbox"/> October 18   |
| <input type="checkbox"/> July 26 |                                      |                                       |

**Please check:**

- 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, 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, 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, pictures, videos and quotes and those of my employees for this purpose.

Payment will be returned for any sponsorship that is not accepted. Once a sponsor is confirmed, please note the fee is non-refundable.

Call Carol Morris 763-494-6002 or email [cmorris@ci.maple-grove.mn.us](mailto:cmorris@ci.maple-grove.mn.us) with questions or for more information.

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

- This completed application (above 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).

Non-refundable sponsorship fee: \$500 Community Partner; \$200 Friend of the Market

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

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





**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.

<b>TO PAY BY CREDIT CARD</b>  <b>VISA</b> <b>MASTERCARD</b> <b>DISCOVER</b> <b>AMERICAN EXPRESS</b>	<b>Name as it appears on credit card</b> _____ <div style="text-align: right;">Please print</div>
	<b>Billing address for credit card:</b> _____ <div style="text-align: right;">Street address</div>
	<div style="display: flex; justify-content: space-between;"> <span>_____ City</span> <span>_____ State</span> <span>_____ ZIP</span> </div>
	<b>Type of credit card</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
	<b>Expiration Date</b> ____/____/____
	<b>Card Number</b> _____
	<b>CSV #</b> _____ (3 digit number on back of card / on front for American Express)
	<b>\$ Amount</b> _____ (add \$20 for electricity if applicable)
	<b>Cardholder signature:</b> _____
	<b>Date:</b> _____