GOOD LOCAL MARKETS

2024 Vendor Statement

I hereby acknowledge that I have carefully read the 2024 Vendor Handbook, including the Rules and Regulations and agree to abide and be bound by the 2024 Vendor Handbook and the Rules and Regulations. I make or grow all the products that will be sold at Good Local Markets. I further agree that I have obtained and provided copies of all necessary licenses and permits legally required to distribute or offer for sale all products listed on my application.

Pursuant to City of Dallas Ordinance, 1) I certify that all products to be distributed, offered for sale, or sold at the neighborhood market by the vendor have been raised, grown, made, crafted, processed, or produced by the vendor in compliance with all applicable federal, state, and local laws and in a Texas county completely or partially located within a 150-mile radius of Dallas County (or in an area from which the City of Dallas director, pursuant to the Dallas City Ordinance, allows certain produce or other food items to be distributed, offered for sale, or sold at the market because of the unavailability of those items from vendors in the radius area); and 2) no product is being offered for resale.

I agree to act in good faith and to promote a healthy and harmonious market community. This agreement extends to any person who may be affiliated with my business at market. FURTHER, I shall indemnify, keep and hold harmless Good Local Markets, Inc., Madison Partners LLC, Lakewood Village Shopping Center, White Rock Methodist Church and all their agencies and employees from and against any and all claims and demands, whether for injuries to persons or loss of life, damage to property on or off the premises arising out of the use or occupancy of the premises by Vendor, and those injuries and damages arising out of Vendors acts or omissions, and shall defend, at Vendor's own expense, any actions brought against GLM or any other person, employee, agents or organizations with which GLM has a contractual relationship.

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PRINTED NAME & TITLE

_____   _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE   DATE