





**I am interested in the following markets:**

- \_\_\_ Chagrin Falls (Farms & food only), Triangle Park in Chagrin Falls, Sundays, 10am to 1pm, June-Oct.
- \_\_\_ Cleveland Clinic Main Campus (Farms & food only), Crile Mall on the Main Campus, Wednesdays, 10:30am to 1:30 pm, June-Oct.
- \_\_\_ Crocker Park, Crocker Park in Westlake, Saturdays, 9am to 1pm, April-Dec.
- \_\_\_ Legacy Village, Legacy Village in Lyndhurst, Sundays, 10am to 1pm, June-Sept
- \_\_\_ Pinecrest, Park Avenue in Orange Village, Saturdays, 9am to 1pm, June-Aug
- \_\_\_ Playhouse Square Market, US Bank Plaza on East 14<sup>th</sup> St. and Euclid Ave., Wednesdays, 4pm to 7pm, June-Sept.
- \_\_\_ Shaker Square, Historic Shaker Square in Shaker Heights, Saturdays, 8am to Noon, April-Dec.
- \_\_\_ University Hospitals Case Medical Center at Lakeside, 2074 Adelbert Rd., Thursdays, 10:30am to 1:30pm, June-Sept.
- \_\_\_ Van Aken District at Walker Rd., Thursdays, 4pm – 7pm, June - Sept
- \_\_\_ Winter Market, Indoor at Shaker Square, Saturdays, 9am to Noon, Jan-March
- \_\_\_ Winter Market, Indoor at Crocker Park, Saturdays, 9am to Noon, Jan-March

Please provide a separate list of the products you plan to sell. Be as specific as possible including types of product, variety, expected times of availability, etc. The more information we have, the better! We make every attempt to balance the types of products in our market, so unusual varieties and unique items are a plus!

\*\*I have read and understand the Rules and Regulations of the North Union Farmers Market, as they may be revised, and understand that noncompliance may result in expulsion from the Market with loss of fees, and

I state that all information provided by me to the Market, including the information in this Application is true, complete, and correct, *and*

I further agree to indemnify and hold harmless the North Union Farmers Market and to defend the Market against any claims brought against it due to my or my employees' conduct.

.....  
*Your name (please print)*

.....  
*Your signature*

**Return to: North Union Farmers Market  
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Fax: (216) 751-7695  
northunionfarmersmarket@yahoo.com**