



# LAFOURCHE

C E N T R A L M A R K E T

ATTN: LAFOURCHE CENTRAL MARKET  
4875 HWY 1  
P.O. Box 425  
Mathews, LA 70375  
985-537-7603 OR 985-805-1003  
**EVERY SATURDAY 9:00 a.m. to 1:00 p.m.**

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## Application for Lafourche Central Market

VENDOR NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

OCCUPATIONAL LICENSE # \_\_\_\_\_ VEHICLE POLICY # \_\_\_\_\_

PLEASE LIST ITEMS YOU WILL BE SELLING AT THE LAFOURCHE CENTRAL MARKET:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant Statement

I AGREE to abide by the Rules and Regulations of the Lafourche Central Market, TO OBTAIN any and all PERMITS and LICENSES (where applicable); I FURTHER AGREE, to indemnify and save the Parish of Lafourche or the Lafourche Central Market harmless from any loss, costs, damages, and other expenses, including attorney's fees, suffered or incurred by reason of the vendor's negligence, it's servants, agents and employees. I FURTHER AGREE NOT to hold the Parish of Lafourche, Lafourche Central Market, or any of their representatives and employees responsible for any damages arising out of sales of my products or from my presence on the market site.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_

<b>Booth Assignment by Market Representative:</b> Booth # _____
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