

Wild Indigo Herb Fest

Market Information

June 12 -14, 2026

Terrapin Hill Farm, Harrodsburg, KY



Hello Vendors and Business Owners!

We are currently looking for vendors who specialize in making high quality, handmade herbal products for the marketplace at the Wild Indigo Herb Fest. Community members that specialize in herbal talents, education, and community-based events are also welcome. We have plenty of room for pollinator friends and wild food enthusiasts, too. All applicants will be equally considered.

We are expecting to have around 250-300 participants for our first year at Wild Indigo Herb Fest. The Marketplace at the WIHF will be open to the participants around meal breaks and between classes and activities. We want to ensure that all at the WIHF can participate and engage in the classes, plant walks and activities at the Herb Fest. **Vendor space is limited, apply early.**

The Wild Indigo Market

The Wild Indigo Market will be outdoors. The fee for one **12X12 vendor space** (for the weekend) is **\$100.00**. Vendors are responsible for bringing all materials they may need to vend, including tent, tables, chair, sides/tarps, and weights (for the tent). Please keep in mind that the weather can be unpredictable in June in Kentucky. We hope for warm beautiful weather, but be prepared for wind, rain, sun and heat.

Vendor set up will be allowed from 8 AM–12 PM on Friday, June 12 before the Herb Fest opens. Vendor tear down can begin after Closing Ceremony. Please let us know ahead of time if you anticipate needing assistance or if there are special circumstances with set up and tear down.

Vendor Applications and Payments

To send via snail mail, please print out, complete and send all attached forms with payment (check or money order) to: **WIHF Vendor Registration, Attn: Sarah Hurt, 1207 North Ave., Parma, Ohio 44134 or email to tbysarah@gmail.com**. Please feel free to send in or email photos with your application.

If paying by check or money order, please make payments out to: **Wild Indigo Herb Fest. If you want to pay online, we will send you an invoice via PayPal.** Please contact Sarah Hurt at tbysarah@gmail.com with any vendor questions. **Payment is due February 1, 2026.**

General liability insurance information or a signed hold harmless agreement form is required to complete the vendor application. **Tax Info:** The State of Kentucky imposes a 6% Sales tax upon all retail sales made within the Commonwealth. The Kentucky Sales Tax Form is included below.

**YOU MUST BE REGISTERED AS A PARTICIPANT BEFORE WE CAN CONFIRM YOUR VENDOR SPACE.
WILD INDIGO HERB FEST REGISTRATION OPENS NOVEMBER 1, 2025.**

Sign up for updates at <https://wildindigoherbfest.com/about>

Wild Indigo Herb Fest

Vendor Application

June 12 -14, 2026

Terrapin Hill Farm, Harrodsburg, KY



Contact Name: _____

Business Name: _____

Address: _____

City, State & Zip: _____

E-MAIL: _____ Phone: _____

Website: _____

Vending Experience at other Events? Please list your favorite:

Do you have General Liability Insurance for your Company or Products? Y ____ N ____

If **yes**: Insurance Provider: _____ Policy#: _____

If **no**: Please Sign the WIHF Hold Harmless Waiver (available at the end of the form) to include and send in with your Vendor Application.

Please describe the products, talents, community engagement or services that you would like to sell or represent at the WIHF Marketplace:

Do you approve of event coordinators taking pictures of you or your booth, table, products, services or vending set up for future features on the Wild Indigo Herb Fest Website? Y ____ N ____

12X12 Outdoor Vendor Space - \$100.00

Amount paid: \$_____ Check or MO# _____

Vendors must be fully registered before we can reserve and confirm your booth space.

Thank you for your application, we plan to have all vendor confirmations emailed by April 1, 2026.

Wild Indigo Herb Fest

Hold Harmless Agreement

Indemnification & Release 2026

I the Vendor/Seller: _____

(Here in after referred to as "Seller"), being provided selling space at the *Wild Indigo Herb Fest, Terrapin Hill Farm*, Harrodsburg, Kentucky, agrees to the following terms and conditions:

Wild Indigo Herb Fest, operator of the *Vendor Marketplace* (including Vendor Coordinators and Managers that operate in the future by *Wild Indigo Herb Fest*, its affiliates or successors): and its officers, independent contractors, employees, agents board members and volunteers and wildindigoherbfest.com and wildindigoherbfest.org

1. "Seller" shall mean any vendor, farmer, teacher, author, team member, participant, volunteer, or entity at the *Wild Indigo Herb Fest*; seller's employees, agents or volunteers, including family members; and its heirs and assigns.
2. **Indemnification:** Seller shall indemnify and hold harmless *Wild Indigo Herb Fest* or the *Terrapin Hill Farm*, it's boards and commissions, officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses whatsoever, including reasonable attorney's fees, regardless of the merit or outcome of any matter connected to any act or omission in going to, coming from, or preforming services, work or activities at or in relation to the *Wild Indigo Herb Fest*.

Release: Seller hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damages which it may have or which hereafter accrue as a result of its activity at the *Wild Indigo Herb Fest* and *Terrapin Hill Farm*.

Market Safety Requirements: Seller hereby assumes liability and financial responsibility for any accident, injury or property damages resulting from failure to comply with the *Wild Indigo Herb Fest* and *Terrapin Hill Farm* rules, specifically health and safety regulations.

I HEREBY STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE PROCEDURES OUTLINED IN THIS COPY OF THE INDIGO WILD HERB FEST HOLD HARMLESS AGREEMENT, INDEMNIFICATION AND RELEASE FORM. IN WITNESS THEREOF, this agreement is executed this ____ day of _____, 20____.

Seller's Name (Print)_____Seller's Signature _____

Address, City, State, Zip _____

Please return agreement to: Sarah (Vendor Coordinator) at tbysarah@gmail.com or send a physical copy to the Wild Indigo Herb Fest with your application to Sarah Hurt, 1207 North Ave. Parma, OH 44134



Andy Beshear
GOVERNOR

FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
FRANKFORT TAXPAYER SERVICE CENTER

501 High Street, Station 38
Frankfort, Kentucky 40601
Phone: (502) 564-5930
Fax: (502) 564-8946

Holly M. Johnson
SECRETARY

Thomas B. Miller
COMMISSIONER

Latonia L. Dooley
EXECUTIVE DIRECTOR

ALL VENDORS - - THIS LETTER MUST BE RETURNED

Kentucky Department of Revenue records indicate that you will be a vendor at _____ in Harrodsburg, Kentucky held in June, 2026. As a vendor, KRS 139.200 imposes a 6% sales tax upon all retail sales made within the Commonwealth.

If you currently hold a Kentucky Sales and Use Tax Permit, you are to report the activities of this event on that number. Please provide the name as shown on the permit and the Kentucky sales tax permit number in the area designated below. Do not send the payment of the tax due from this event with this letter.

Name as it appears on permit

Kentucky Sales and Use Tax Permit Number

If you are not registered for a Kentucky sales and use tax permit number, you must complete the bottom portion of this letter and return it with payment of the tax due to the address shown on this letter. Make checks or money orders payable to: Kentucky State Treasurer. Please use the envelope provided.

Failure to comply with this request by August 30th will result in the issuance of a jeopardy assessment pursuant to KRS 131.150. Such assessment will include all applicable penalties and interest.

If you have any questions, contact the Frankfort Taxpayer Service Center at (502)564-5930. The office hours are Monday through Friday, 8:00 A.M. to 5:00 P.M.

30A006-CKY (12/15)

Temporary Vendor Sales and Use Tax Return/Processing Document

****Social Security Number / FEIN

010
Tax Type

Business Name

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

06
Month
(1-12)

26
Year

084
County

006
Type
Return

Total Sales

X .06 =

Total Tax Paid

Date

Taxpayer Signature

Phone Number

****Required. If not provided, an additional fee may be charged for acquiring this information and a Department of Revenue inquiry may be posted to your credit report.

Event Name: _____ Field Officer Initials: JR

Finance.ky.gov

TEAM
KENTUCKY

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