

Winchester Farmers Market 2019, Vendor Application Form

Vendor or Farm Name: _____

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

What produce or products do you intend to bring to the market? Products not on this list may not be allowed to be sold at market unless agreed to by the market manager. Please attach addendum.

____ I am applying to be a full season vendor (attending each week) of produce/meat/prepared foods

How many 10 ft x 10 ft spaces will you need? Please circle: 1 space 2 spaces 3 spaces

____ I am applying to be an occasional produce/meat/prepared foods vendor (attending one or more weeks). Occasional vendors are limited to one 10ft X 10ft space

How many weeks would you like to attend? _____

Please list the weeks you would like to attend _____

____ I am applying to be a non-food business vendor (attending two weeks only)

List dates you are available, in order of preference _____

I certify that I have a General Liability Coverage insurance policy for my business that will cover my attendance at the 2019 Winchester Farmers Market and will provide certificate of insurance..

Insurance Company: _____

Policy Number: _____

I understand the above questions and have answered them truthfully and to the best of my knowledge. I have also read, understand, and will abide by the "Winchester Farmers Market Rules and Regulations for the 2019 Season." In addition, I certify that any and all chemicals used in the production of produce sold at my stall were used in accordance with current label instructions.

Signature _____ Date _____

Fees for the 2018 Season

One Space (10 ft x 10 ft)	\$400 for full season (paid by June 8)	\$30.00/\$25.00 per week*
Two Spaces (10 ft x 20 ft)	\$750 for full season (paid by June 8)	
Three Spaces (10 ft x 30 ft)	\$1100 for full season (paid by June 8)	

*Payment may be made weekly at the market in cash or by check payable to Winchester Farmers Market. Part time vendors who wish to pay in advance of June 8 for all weeks they will attend the market may pay the \$25.00 per week discount price.

Please mail your signed application by April 30. We will notify vendors in May whether they have been accepted.

If you are accepted as a vendor, please mail your payment and a copy of your certificate of insurance before June 8. **Please include the Town of Winchester as additionally insured on the certificate of insurance.**

Mailing address: Fred Yen
Winchester Farmers Market
207 Cross Street
Winchester, MA 01890

Make checks payable to Winchester Farmers Market.