

**WILLIAMSTOWN FARMERS MARKET (WFM)
2015 VENDOR APPLICATION FORM
SATURDAYS 9:00am – 1:00pm**

Farm Name/Business Name: _____

Owner(s): _____

Address: _____

Phone Number (home) _____ **(cell)** _____

E-mail Address: _____

Dates: Please check below the dates you wish to sell *or* select All Dates here: _____

May 23 ___ May 30 ___
June 6 ___ June 13 ___ June 20 ___ June 27 ___
July 4 ___ July 11 ___ July 18 ___ July 25 ___
Aug 1 ___ Aug 8 ___ Aug 15 ___ Aug 22 ___ Aug 29 ___
Sept 5 ___ Sept 12 ___ Sept 19 ___ Sept 26 ___
Oct 3 ___ Oct 10 ___

Payment Option: Please check one. I plan to pay the full season rate of \$125 _____ *or*
I plan to pay for each market day I attend at \$15/day (not to exceed full season rate) _____.
Note: Daily payments are expected on that market day. Full season payments may be made in installments.

Vendor type:

_____ Agricultural Food Producer

Please **circle** all categories that apply: vegetables, tree fruits, berries, honey, cut flowers, dried flowers, maple syrup, bedding plants, potted plants, dried/fresh herbs, potted herbs, beef, pork, poultry, eggs, dairy products, or specify others _____

_____ Artisan Craft Vendor

Please describe the craft items you wish to sell and state where and how they are made.

_____ Prepared Food Vendor - Ready-to-eat goods made by the seller

Please describe the food items you wish to sell and state where and how they are made.

Additional Questions:

Do you produce all of the products that you wish to bring? Yes ___ No ___

If No, please indicate which products you produce yourself:

If selling meat, poultry or dairy products, please describe your farming practices (i.e., pastured/grass-fed, heritage breeds, etc.)

If you sell meat, poultry, or baked, pre-packaged or processed foods, have you complied with all regulatory requirements and received a 2015 Retail - Farmers Market Processed Food Vendor Permit from the Town of Williamstown? (See Vendor Application link on the WFM website - www.williamstownfarmersmarket.org - for a permit application form.)

Yes ___ No ___ If Yes, please attach a copy of Permit.

If you are a *new* artisan vendor who has not previously sold at WFM, please attach 5-10 photos of your work.

If you have previously applied to WFM and chose not to vend, or have discontinued vending at WFM, please state why. _____

Please state how your products will benefit WFM and provide any other information you would like to convey to WFM. _____

Legal Agreement:

I request permission to sell at the Williamstown Farmers Market. I hereby agree for myself and my heirs, executors, administrators, and assigns to release, indemnify, defend, hold harmless, and waive all rights to sue, all directors, steering committee members, employees, representatives, volunteers and agents of this market, from and against all present and future liabilities, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to my activities and any other activities relating to my stall or products displayed or sold at my stall at this market. I hereby grant Williamstown Farmers Market and its agents permission to the full and unlimited use of any photographic or video images taken of me, my representatives, my merchandise, and my displays at the Williamstown Farmers Market. I understand these images may be used and published by Williamstown Farmers Market, its agents or other entities in any media for promotional and marketing purposes. I have read and I understand the Williamstown Farmers Market Bylaws and the Williamstown Farmers Market Rules and agree to abide by their current and future requirements.

I agree to the above terms:

Print Name _____ Date _____

(Note: if this form is submitted electronically, your name on the above line serves as your digital signature and your acceptance of the above legal agreement.)

Signature _____