



Rock Hill Farmers Market 2018 Vendor Application

Name(s): _____

Farm or Business Name: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

Business Phone: _____ E-mail: _____

Website: _____

Rock Hill Farmers Market Dates of operation:

- Please check each date you plan on participating
- Saturdays 10am-1pm

June 2nd _____

Aug 4th _____

June 9th _____

Aug 11th _____

June 16th _____

Aug 18th _____

June 23rd _____

Aug 25th _____

June 30th _____

Sep 1st _____

July 7th _____

Sep 8th _____

July 14th _____

Sept 15th _____

July 21st _____

Sep 22nd _____

July 28th _____

Sep 29th _____

*The Rock Hill Farmers Market will be held rain or shine

*Please call ahead if you need to cancel your space on a given date 845-699-4976

*RH Farmers' Market reserves the right to allow a *limited* number of Specialty Vendors (see Rules & Regs) who produce and sell their own products/goods

Stall Requirements: Stalls are 10' x 10' _____ (12' x 12' upon request to Market Manager): _____

ALL APPLICATIONS ARE DUE BY May 1st 2018

Membership Fees and Vendor Requirements

All vendors wishing to participate in the Rock Hill Farmers Market must pay membership fees, stall deposits, submit a copy of the Certificate of Insurance, provide copies of sales Tax certificate (if applicable) and Kitchen permits from the Board of Health or the Department of Agriculture and Markets (if applicable).

Membership Fees: Are to accompany the application. The membership fee is \$50. Please make check payable to the **Rock Hill Business and Community Association**. (Your check will be returned if your application does not meet our requirements. Please refer to Rules and Regulations.)

Stall Fee: Is due each market day that you participate. The stall fee is \$20 and is collected by the Market Manager before the close of the market.

Pre-Pay Discount: If vendors pay in full for the market season a discounted rate will be given at \$250 for the entire season. This will include all stall fees for the season **and** the membership fee.

Certificate of Insurance: At least \$500,000 for general (premise and product) liability insurance naming the **Rock Hill Business & Community Association** as an additionally insured must accompany this application.

Insurance Company: _____

Sales Tax: Copy of your Sales Tax Certificate (if applicable)

Sales Tax # : _____

Other: Any permits, licenses or certificates that are required of you need to be copied and attached with your application.

Farmers Market Nutritional Program:

_____ I am interested in participating in the Farmers Market Nutritional Program (FMNP) and will accept FMNP vouchers at the Market. (only produce growers are eligible)

_____ I would like more information about the FMNP

_____ I would like an application for the FMNP when they become available

_____ I would like to participate in the WIC program.

*Please describe the vehicle, if any, you would like to be using (truck/car/van) and its length.

Make and Model

Size

License

If you have any questions or need additional information, please call:

Michelle Lipari, Rock Hill Farmer's Market Manager
845-699-4976
rhfarmersmarket@gmail.com

Market Agreement

I have read the vendor application and the Rock Hill Farmers Markets Rules and Regulations. If accepted into this market, I hereby agree to abide by the Rules and Regulations adopted by the Rock Hill Farmers Market (RHFV). I agree to sell only those items listed in the Vendor application form unless an additional request is granted by the Market Manager at a later date. I acknowledge full responsibility for all my actions and activities in the Market (and those assisting me) throughout the term of this season's market (June 2nd- September 29th). I acknowledge the authority of the Market Manager to settle any disputes regarding product legitimacy; procedural and vendor conduct violations, and impose any penalties including possible suspension or removal from the market. I agree to allow the Market Manager or representatives from the Rock Hill Farmers Market committee to inspect with proper notice the premises where the products offered for sale are produced.

I certify that the information contained in this application is true and accurate.

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____

Indemnity Agreement

As a vendor I (we) agree to release, indemnify and hold harmless the Rock Hill Farmers Market, the Rock Hill Business and Community Association, GottLand, and each of their respective trustees, members, officers, directors, employees and representatives, from and against any and all matters, things, injuries, damage, cost, losses, liabilities, expenses, and claims arising out of, relating to, or with respect to the Rock Hill Farmers Market whether any such injury, damage, etc. is to person or property.

Accepted and Agreed to:

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____

Mail To:

Rock Hill Farmers Market
Attn. Market Manager
PO Box 280
Rock Hill NY, 12775

Enclosure Checklist:

- _____ Completed Application
- \$ _____ Membership fee (\$50)
- _____ Discount Pre-pay of stall fees (optional)
- _____ Copy of Certificate of Insurance
- _____ Copy of Sales Tax Certificate (if applicable)
- _____ Copy of Application permits (if applicable)
- _____ List of Products and produce
- \$ _____ TOTAL ENCLOSED**

Please make checks payable to: **Rock Hill Business & Community Association**

