

2014 Vendor Application

Brunswick Farmers Market
336 Town Office Road
Brunswick, NY 12180
Market Manager – Sheila Hyde
518-279-3461 ext 108, cell 265-3079

Farm/Business Name: _____
Contact Name: _____
Address: _____
Cell phone: _____
Telephone: _____ Fax: _____
Farm/Business Address: (If different from above) : _____
E-mail Address: _____
Sales Tax ID Number: _____

The application fee is \$20.

The seasonal fee is \$50. *If the seasonal fee is paid before May 15st, the application fee is waived.*

Individual weeks are \$10 each.

The market season runs from June 24th–August 26th. The market is located at the Brunswick Community Center at 18 Keyes Lane, Brunswick NY. If the products you offer for sale do not allow you to participate for the entire season, please indicate when you plan to start coming to market and when you are likely to finish.

____ I plan to attend the market for the full season. (\$50)

____ I plan to attend the market for a part season (\$10/week) see market manager for dates. Dates requested: _____

____ I plan to attend the market as a guest vendor on Date: _____

Please provide a list of produce and products you intend to sell.

Provide copies of all licenses and/or permits necessary to the types of products you are planning to sell; i.e. Board of Health permits, NYS Agriculture & Markets, nursery license, etc.

I also agree to provide the market manager with a Certificate of Insurance naming the Town of Brunswick as Additionally Insured, prior to attending the market as a vendor.

____ I have enclosed a check for \$50 for the full market season

____ I have enclosed a check for \$20 for the application fee.

*(Application fee waived if full amount paid by May 15st)

____ I have enclosed a check for \$_____ for these dates: _____

____ No charge for Guest Vendor Status

I, the undersigned, have read the Rules and Regulations of the Brunswick Farmers Market and do agree to abide by all of the rules and regulations.

I agree to operate my sale area in a safe and courteous manner and to pay fees as set forth by this agreement.

I understand that failure to comply with the rules and regulations could result in dismissal from the market.

I understand that the length of season, and hours of operation are determined by the market's management and even if I do not agree with them, I will abide by them.

I verify that all information I have provided about my farm and products for sale is true and accurate.

I understand that the payment of the subject fee shall not create any property rights.

Vendor name, Please print _____

Vendor signature _____

Date ____/____/____

Brunswick Farmers' Market

Indemnity agreement

As a vendor wishing to rent space or attend as a guest vendor and participate in the Brunswick Farmers' Market, I do hereby agree to defend, indemnify and hold harmless the Brunswick Farmers Market, The Town of Brunswick Farmers Market Committee, the Town of Brunswick, their members, agents, employees and contractors, from and against any and all liability, loss, damages, claims or actions (including cost and attorney fees) for bodily injury and/or property damage to the fullest extent permitted by law, arising out of or in connection with my participation in the Brunswick Farmers Market and/or my rental of space and offering of goods for sale thereat.

Vendor name, Please print _____

Vendor signature _____

Date ____/____/____