

**Wilmot Farmers' Market NEW VENDOR Application Form**

Your Name	
Your Business Name/Farm Name if Applicable	Check here if this is a ___ Non-Profit Organization
Mailing Address	
City, State, Zip	
Phone	
List <b>ALL</b> products you request to sell	
Do you require electricity? ___ NO ___ YES	Tell us what you need the electricity for:
Email Address	
I am interested in being a:	Circle One: " Full Season" Vendor          "Part-Time" Vendor

**PLEASE READ THIS INFORMATION CAREFULLY!**

Your signature below denotes that you have read and understand this form and the Wilmot Farmers' Market Operating Guidelines, and that you agree to abide by said Operating Guidelines should you become a Vendor. **Application to the Market does not guarantee your acceptance to participate in the Market. Your application will be reviewed and you will be contacted by the Market Director regarding the approval of your application and for further instructions as necessary.**

**Vendor Fees and Information**

**Please DO NOT send any fees until you are notified that your Vendor Application has been approved!**

**"Full Season" Membership Fee - \$80** Full-time Membership requires that vendors commit to attending a *MINIMUM* of 11 out of 14 weeks for the market season as per the Market Guidelines and By-laws. The Wilmot Farmers' Market is held rain or shine. More than 3 absences during the season, either scheduled or un-scheduled will result in the loss of vendor membership status.

**Part-Time Vendor Fee - \$10 per week** ~ The weekly fee for part-time vendors for any given date must be paid in full no later than the Thursday before that date.

**Rules & Health Statement**

I certify that I have read, fully understand, and will abide by the Wilmot Farmers' Market Operating Guidelines. I also certify that any chemicals used in the production of the produce I grew were used in accordance with the current label instructions (if applicable).

Any processed food such as jam, jelly, preserves or baked goods must conform to the New Hampshire Labeling Laws and Sanitary Code. (For more information, call the Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-271-4589)

Failure to conform to these rules and/or the Market Operating Guidelines shall subject the vendor to denial of future participation at the Wilmot Farmers' Market.

**Vendor's Release of Liability**

The undersigned hereby agrees to release and hold harmless from all liability the Town of Wilmot and The Wilmot Farmers' Market for property being exhibited and from any personal injury claims which might arise as a direct result of the vendor's property being exhibited on the Wilmot Town Green.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Application Form (do not send fees at this time) to: Wilmot Farmers' Market, PO Box 385, Wilmot, NH 03287 ~ (603) 526-7729**

<b>Wilmot Farmers' Market Use ONLY</b> <b>Applicants – Do Not Write in These Spaces</b>	<b>Date Received</b>	<b>Date Of Decision</b>
<b>Notes:</b>	<b>Date Vendor Notified</b>	<b>___ Approved ___ Not Approved</b>