

**Wilmot Farmers' Market
NEW VENDOR
2009 Application & Liability Waiver Form**

Your Name	
Your Business or Farm Name	Check here if this is a registered ___ Non-Profit Organization
Mailing Address	
City, State, Zip	
Email OK to publish on our website? ___ Yes	
Web Site Address (URL): OK to publish on our website? ___ Yes	http://
Phone OK to publish on our website? ___ Yes	
List ALL products you request to sell (use back of form if necessary)	
I am applying to be a:	___ " Full Season" Vendor ___ "Part-Time" Vendor

Vendor Fees and Information

Your completed application must be received before you will be considered for membership in the WFM. **DO NOT SEND FEES at this time.**
You will be notified regarding your acceptance/application and given instructions for payment at a later date.

FULL TIME VENDOR FEE - \$80 for one 10 x 10 foot space. "Full-Season" Membership requires vendors be absent no more than 3 times during the season. The Wilmot Farmers' Market is held rain or shine and FT vendors shall attend regardless of the weather conditions.

PART-TIME VENDOR FEE - \$15 per week for one 10' x 10' space ~ Weekly fees for part-time vendors must be paid in full no later than the Thursday before the date of the market in which the vendor will participate.

Rules & Health Statement

I certify that I am 18 years of age or older and have thoroughly read and understand both this Application and WFM Handbook which includes WFM rules, procedures & product guidelines. If accepted into this Market, I hereby agree to abide by said rules, procedures and guidelines. Further, I agree to sell at the WFM only such items as those listed on this Application unless an additional request is granted by the WFM at a later date. I also acknowledge application does not guarantee acceptance to sell all products listed within, that saleable products are determined by the board, and that those products must be of my own production.

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). Processed food such as jam, jelly, preserves or baked goods shall conform to the New Hampshire Labeling Laws and Sanitary Code. (Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-271-4589) Vendors selling by weight shall use certified scales; this is the responsibility of the vendor. (Bureau of Weights and Measures, 603-271-3700)

Indemnification and 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 and vendor's participation in the Market. Vendor hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damages which it may have or which may hereafter accrue as a result of its activity at the Wilmot Farmers' Market

!! IMPORTANT !!

Your signature below denotes your acceptance of the terms set forth in this application and the Market Handbook.

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

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