

**Wilmot Farmers' Market  
2012 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 <b>ALL</b> products you request to sell (use back of form if necessary)	
I am applying to be a:	___ "Full Time" Vendor ___ "Part-Time" Vendor (state committed dates below)

**IMPORTANT – VENDOR FEES AND INFORMATION**

- **New applicants should not send fees until application is accepted for membership.**
- **Vendors are required to attend regardless of weather conditions. The Wilmot Farmers' Market is held rain or shine.**
- **An EZ-up, straight-leg style canopy is required for all vendors.**

FULL TIME (FT) VENDOR FEE - \$100 for one 10 x 10 foot space. "Full-Season" Membership (13/14 weeks) requires that vendors not be absent more than 3 times during the season.

PART-TIME (PT) VENDOR FEE - \$20/per week for one 10' x 10' space. Minimum attendance is 3 weeks. Weekly fees beyond the minimal fee (\$60) 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. Please Note: PT participation may be limited based on products represented by FT vendors.

**Acceptance of Rules & Health Guidelines**

I certify that I am 18 years of age or older and have read and understood the Application, the Information and Guidelines, and the By-Laws. If accepted into this Market, I agree to abide by said rules, procedures, and guidelines. Further, I agree to sell 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 that application does not guarantee acceptance to sell all products listed above. Saleable products are determined by the Board, and those products must be of my own production.

I also certify that any chemicals used in the production of the produce I grow 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 that 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 that may have occurred or which may have accrued as a result of activity at the Wilmot Farmers' Market.

**!! IMPORTANT !!**

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

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

**Mail Completed Application Form (new applicants should not send fees at this time) to:** Wilmot Farmers' Market, PO Box 385, Wilmot, NH 03287

<b>Wilmot Farmers' Market Use ONLY</b>	<b>Date Received</b>	<b>Date Of Decision</b>
<b>Notes:</b>	<b>Date Vendor Notified</b>	<b>___ Approved ___ Not Approved</b>