

### CHESTERTOWN MARKET VENDOR CONTRACT

Market Application Date \_\_\_\_\_

I would like to apply for a Market Vendor space for the Calendar year \_\_\_\_\_ as a:

\_\_\_\_ Farmer \_\_\_ Artisan

Are you a returning vendor? \_\_\_\_ Yes \_\_\_\_ No

If returning, how many years at market? \_\_\_\_\_

Market Start Date: \_\_\_\_\_ Market End Date: \_\_\_\_\_ Year-Round: \_\_\_\_ Yes \_\_\_\_ No

I would like to occupy:

\_\_\_\_\_ Space(s) under a 10 x 10 tent (\$20 per week/per space)

Name \_\_\_\_\_

DBA \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Home Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

How should the Town or Market Manager contact you?

\_\_\_\_\_ email \_\_\_\_ cell phone \_\_\_\_ home phone \_\_\_\_ mail

Description of your product(s): Be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Farmer Market Vendors:**

Please list how your products are grown:

\_\_\_ Conventional \_\_\_\_ Certified Organic \_\_\_\_ Certified Naturally Grown

\_\_\_ Other (Please List) \_\_\_\_\_

\*Please include a copy of your liability insurance and copies of all Licenses/Permits required to sell at the Market. Please refer to Market Rules and Regulations\*

\_\_\_\_ I agree to display, in my Market Space, insurance information and all Licenses/Permit required by the State of Maryland and pay the Maryland State Sales Tax as applicable by law.

\_\_\_\_ I agree to pay both the nonrefundable \$20 entry fee and Vendor Fee to the Artisan or Farmers Market Manager how it is outlined in the Rules and Regulations.

\_\_\_\_ I understand that failure to abide by the Market Rules and Regulations can terminate my privilege as a Market Vendor and if I wish to discontinue selling, I will notify the appropriate market manager.

Vendor Signature \_\_\_\_\_  
Market Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**Checks for Contract Fee and Vendor spaces are to be made payable to:  
Town of Chestertown.**

-----  
*For office use only*

*\$20 Contract fee paid by:*

*Check number* \_\_\_\_\_

*Received by:* \_\_\_\_\_

*Cash* \_\_\_\_\_

*Received by:* \_\_\_\_\_