

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 Market Manager contact you?

_____ email ____ cell phone ____ home phone ____ mail

Description of your product(s) that **you grow and/or produce** yourself: Be specific:

Describe any products that you **do not grow and/or produce** yourself: Be specific: (Products that are resold will be at the discretion of the market manager for immediate removal due to not being seasonal, not properly labeled, or does not fit within the parameters of the mission of the farmers market).

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

____ 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 are to be made payable to:
Friends of the Chestertown Farmers Market.**
