



2019 Vendor Application Market Dates: June 16 - October 27, 2019

NAME: _____

BUSSINESS NAME: _____

STREET ADDRESS: _____ TOWN: _____ ZIP: _____

PHONE NUMBER: _____ ALTERNATE: _____

EMAIL ADDRESS: _____

We are a growers only market! Please refer to the rules and bylaws (<http://alfredfarmersmarket.com>) for more details!

PRIMARY PRODUCTS: (brief description) _____

OTHER PRODUCTS: (brief description) _____

2019 Market Fee Schedule

SEASONAL VENDOR FEE: \$180.00 for 20 markets (\$8.00/market)

DAILY VENDOR FEE: \$15.00/market for June-Mid August ,
\$18.00/market for Mid August to the end of October

Dates wanted: _____

Vendors that wish to pay seasonally should send checks made out to *Alfred Farmers Market* (mail to Alfred Farmers Market, P.O. Box 142, Alfred Station, NY 14803) or pay in person.

New in 2019, the farmers market is asking that vendors who sell food products must add the Market as an additionally insured entity on their policies. Please see the market's rules and regulations for details.

Please attach the appropriate production plan to your application. The market manager or other board members will **schedule a farm visit** with the vendor to tour their production site.

Attach an 8-10 sentence description of your product to be included on our website and other advertising materials on the back of this application.

All applications must be submitted at **least two weeks prior** to the vendor's first farmers market attendance. This ensures enough time for the board to review the application and for the market manager to schedule a farm visit.

I would like to help in the following ways:

___SET-UP on the morning of the market

___Help with MUSIC and EDUCATION programming

___Volunteer in any way needed

The **Alfred Farmers Market** is committed to protecting your privacy. We will not sell, rent or lease our vendor lists to third parties. We may occasionally publish vendor names and products on our website or in the community paper. We will, unless specifically asked not to, give out vendor contact information to customers of the market.

DO NOT share my contact information with customers.

Signing below indicates that you have read the **MARKET RULES AND REGULATIONS** and agree to abide by them. Please contact the market manager for a copy of the market rules and regulations or go to <http://alfredfarmersmarket.com>

SIGNED: _____

DATE: _____

QUESTIONS?

Email: marketmanagerinalfred@gmail.com

Complete this form and return to:

The Alfred Farmer's Market

P.O. Box 142

Alfred Station, NY 14803

Or

Email to:

marketmanagerinalfred@gmail.com