

HANOVER AREA FARMERS' MARKET
2017 VENDOR APPLICATION

Your Name _____
Farm/Business Name _____
Street Address _____
Town/State/Zip _____
County of residence _____
Phone _____ Email _____
Products you intend to sell _____

Is email a reliable way to reach: ___ Website: _____

Please provide proof of product liability insurance if you carry it (recommended but not required to vend): Insurer: _____ Policy #: _____

The market season is Wednesdays, June 7th . October 10th, 3-6 p.m.

Please indicate your schedule preference:

- Full Season, discounted rate of \$260.00 (\$12.50/week plus \$10 app. fee) DUE April 1
- Full Season, regular rate of \$310.00 (\$15.00/week plus \$10 application fee) After April 1
- Partial Season, discounted rate (\$15.00/week plus \$10 application fee) DUE April 1
- Partial Season, regular rate (\$17.50/week plus \$10 application fee) After April 1

As a vendor at the Hanover Area Farmers Market, I _____

- 1) agree that prior to offering any products for sale, I will become familiar and comply with all applicable health codes and regulations as described in the Market Rules and the NH State Regulations
- 2) will cooperate with the Market Manager
- 3) will not sublet or loan my space
- 4) understand that individual product liability is my responsibility and thus release the Hanover Area Farmers Market, the Market Coordinator, and the City of Hanover from liability due to my product(s).

Signed _____ Date _____

PLEASE RETURN THIS COMPLETED APPLICATION INCLUDING YOUR \$10 NON-REFUNDABLE APPLICATION FEE TO THE ADDRESS BELOW. INCLUDE YOUR BOOTH FEES NOW IF YOU ARE A RETURNING VENDOR OR HAVE THEM POSTMARKED BY APRIL 1ST TO RECEIVE THE DISCOUNTED RATE.

PLEASE MAKE CHECKS PAYABLE TO: HACC (with "Farmers' Market" in memo)

THE APPLICATION DEADLINE IS APRIL 1ST FOR DISCOUNT

Send to: Hanover Area Farmers Market
C/O Hanover Area Chamber of Commerce
P.O. Box 5105
Hanover, NH 03755