

TOWN OF WESTERLO FARMERS MARKET 2023 VENDOR APPLICATION

PLEASE ENCLOSE A COPY OF YOUR DRIVERS LICENSE ALONG WITH THIS APPLICATION

Your Name _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip _____

Day Phone:(____) _____ Eve Phone:(____) _____ Cell Phone: (____) _____

Email: _____ Website: _____

Does your business have social media? No ____ Yes _____, it is listed as: _____

Describe product and pricing:

Fees

\$20.00 per season. All fees are non-refundable. **Please submit fee along with this application and make checks payable to "Town of Westerlo".**

Market Calendar

Please **CROSS OFF** any dates that you will **NOT** be at the Market. This helps us to keep the Market full and keep vendor fees low.

June	1 st	8 th	15 th	22 nd	29 th
July	6 th	13 th	20 th	27 th	
August	3 rd	10 th	17 th	24 th	31 st
September	7 th	14 th	21 st	28 th	

Vendors agrees to indemnify and hold harmless the Town of Westerlo Farmers Market and its employees, volunteers, and sponsors, and the Town of Westerlo, and its employees, from any and all causes of action which may arise from the operation of their Farmers Market, not caused by negligence of the Town of Westerlo Farmers Market, its employees, volunteers, or sponsors, or the Town of Westerlo, or its employees. I grant permission for the Town Westerlo Farmers Market to use any photos, video, etc. taken of my products or me in all publicity and advertising promoting the Market. By submitting this application, I acknowledge that this agreement has been read and understood.

NYS TAX ID: _____

Please name the Town of Westerlo and the Town of Westerlo Farmers Market as additional insured on your Certificate of Liability.

Please mail your Vendor Application, signed acceptance of Market rules, completed crop plan, and Certificate of Liability to Town of Westerlo, Attn: 933 County Route 401, NY 12193. Any questions contact: 518-797-3111

APPLICANT SIGNATURE: _____ **DATE:** _____