



# Connecticut's Old State House

## 2014 Farmers Market – (Farmers Only) Application Form

### Farm/Company Information

Name of Farm/Company:  
Type of Products:  
Address of Farm/Company:  
  
Telephone Number:

Farm/Company Tax ID Number:  
Name of Primary Contact Person:  
Title:  
Phone #:  
Email:  
Website:

### Old State House Farmers Market (OSHFM) Program

June 17<sup>th</sup> to October 31<sup>st</sup> – Tuesday & Friday (closed July 4<sup>th</sup>)

**PLEASE CHOOSE FROM ONE OF THE FOLLOWING ATTENDANCE OPTIONS:**

1) I am interested in participating in the OSHFM on the following regular weekly schedule:

- 2 days - Tuesday & Friday
- 1 day - \_\_\_\_\_  
(enter day, either Tuesday or Friday)

2) I am interested in participating in the OSHFM on the following selected Tuesday and/or Friday date(s) only:

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

Description of vehicle you will be driving onto the market site:

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

**WITH THIS APPLICATION, PLEASE INCLUDE THE FOLLOWING:**

- A copy of CT Sales Tax Permit.
- Copies of all applicable licenses, permits and certifications.
- A copy of your signed and approved Department of Agriculture's Crop Plan.
- A copy of your signed Letter of Agreement with the Department of Agriculture *Farmers Market Nutrition Program (FMNP)*.

## Summary of Fees

(In order to gain vehicular access to the market site, a portion of neighboring property must be traversed. This will require additional liability insurance which, for the third year in a row, CPAN will cover for participants driving onto the market site). Vending fees for the 2014 market are: 2-day market @ \$125; 1-day market @ \$75; selected dates only, \$10 per visit. Upon application acceptance and submission of signed contract, fee is payable to "CPAN" (payment in full must be made prior to first day's participation in market).

## References

First Reference Contact Name:

Secondary Reference Contact Name:

Title:

Title:

Phone:

Phone:

Email:

Email:

Address:

Address:

## Certifications/Compliance

I understand all the applicable local, state and federal laws, regulations and requirements and my farm/company complies with them.

My farm/company is current with all required certifications, licenses and permits to participate in a certified farmers market; **copies are attached for all products.**

I have read and understand the OSHFM Policies and Procedures and will comply with them.

I understand that non-compliance with the OSHFM Policies and Procedures may result in my suspension or dismissal from participation in the market and any and all fees will be forfeited.

My farm/company is certified with Connecticut Department of Agriculture's Senior and WIC FMNP; **copy is attached.**

I certify that I have appropriate liability, automobile and workers compensation insurance (if applicable) and if selected will provide the appropriate insurance certificate, naming CPAN, the CGA and the three (3) named State House Square business entities (see Contract) as additional insureds.

I agree to allow a representative from the Department of Agriculture, ConnFarm, OSH Market Master, other participating farmers market association or any other local, state or governmental agency/department to inspect my farm/company on an as needed basis as part of this agreement.

I will provide any additional information to CPAN or the OSH Market Master as needed and I promise that any subsequent information will be accurate and complete.

I attest to the truth and accuracy of the information provided herein. If approved as a vending Farmer for the Old State House Farmers Market, I agree to abide by all policies and procedures. I certify that I have authority to act on behalf of the vending Farm.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_