



Connecticut's Old State House

2014 Farmers Market – (Non-Farmer) Application Form

Company Information

Name of Company:

Type of Products:

Address of Company:

Telephone Number:

Company Tax ID Number:

Name of Primary Contact Person:

Title:

Phone #:

Email:

Website:

Old State House Farmers Market (OSHFM) Program

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

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:

WITH THIS APPLICATION, PLEASE INCLUDE THE FOLLOWING:

A copy of CT Sales Tax Permit.

Copies of all applicable licenses, permits & certifications.

A copy of proof of liability insurance coverage (see Contract for details on alternative insurance waiver).

If crafter, submit or email to Market Master photos of:

1. Products to be sold at the market (3)
2. Table display

Please describe products that you plan to sell at the market:

Summary of Fees

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:

Title:

Phone:

Email:

Address:

Secondary Reference Contact Name:

Title:

Phone:

Email:

Address:

Certifications/Compliance

- I understand all of the applicable local, state and federal laws, regulations and requirements and my company complies with them.
- My company is current with all required certifications, licenses and permits to participate in a certified farmers market.
- I have read and understand the OSHFM Policies and Procedures and will comply with them.
- I understand that non-compliance with OSHFM Policies and Procedures may result in my suspension or dismissal from participation in the market and any and all fees will be forfeited.
- 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 and the CGA as additional insureds (see Contract for alternative insurance waiver option).
- 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 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 Company 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 Company.

Signature _____

Title _____

Date _____