



# Connecticut's Old State House

## 2015 Farmers Market – Application Form

(for non-Farmers & non-Food Vendors only)

### 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 (OSHF) Program

June 16<sup>th</sup> to October 30<sup>th</sup> – Tuesday & Friday (closed July 3<sup>rd</sup>)

#### PLEASE LIST PREFERRED DATES OF ATTENDANCE BELOW:

I am interested in participating as a guest vendor in the OSHFM on the following selected Tuesday and/or Friday date(s):

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

- A copy of CT Sales Tax Permit.
- Copies of other 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 Administrator photos of:

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

Describe products you plan to sell at the market (please include price range):

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## Summary of Fees

**Fee for guest vending at the 2015 market is: \$10** per visit. (Please note: insurance coverage is mandatory and may require payment of additional insurance waiver fee depending on vendor's current policy. See Contract for details.) Upon application acceptance and submission of signed Contract, fee(s) are payable to "CPAN" (payment in full **must** be made prior to first day's participation in market).

## References (for first-time members only)

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 relating to participation in a certified farmers market and my company complies with them.
- My 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 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, 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 Connecticut Public Affairs Network, Inc. (CPAN) or the OSH Vendor Events Coordinator 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 Vendor 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 \_\_\_\_\_