



Lakewood NY Farmers' and Artisans' Market

2020 Vendor Application

Thursdays from 10:00am – 2:00pm on Chautauqua Avenue from June 18 through September 3, 2020

PLEASE PRINT

Name of Business: _____

Primary Contact(s): _____

Business Address: _____

Phone: _____

Email Address: _____ Website: _____

Facebook Page: _____ Tax ID Number: _____

Name and phone # of person(s) manning the booth if different from primary contact:

Business Type: Please check all that apply and attach a separate crop/product list if needed.

- Fruits/Vegetables Maple/Honey Dairy Prepared Foods Meat Eggs
- Nursery products Flowers Baked Goods Jams Preserves Value added products
- Wine/beer, and Alcoholic Cider Homemade soaps Herbs (please specify if fresh cut or dried)
- Crafts Other _____

Farmers: Check the Supplemental Nutrition Program(s) you participate in (if any):

- EBT Tokens WIC Vegetables & Fruit Checks
- FMNP (Farmers Market Nutrition Program)* Double Up Food Bucks

**If participating in the FMNP program, please provide a copy of your crop plan.*

Is your organization certified organic? Yes No

Liability Insurance:

Do you have product liability insurance? Yes (*if yes, please attach a copy*) No

Please mark the day(s) you wish to be present at the market:

- | | | | | | |
|-----------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| June | <input type="checkbox"/> 18 | <input type="checkbox"/> 25 | | | |
| July | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 | <input type="checkbox"/> 23 | <input type="checkbox"/> 30 |
| August | <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 | <input type="checkbox"/> 27 | |
| September | <input type="checkbox"/> 3 | | | | |

Market Fees

- I plan to be a seasonal vendor (12 weeks) at this market (\$100 payable at the start of market season)
- I plan to be a daily vendor at this market (\$10 per market day)

What forms of payment do you accept?

- Cash Check Credit Card Debit Card

Licenses/Certificates: Please attach a copy of the following to your application

- Product liability insurance
- Copy of Sales Tax Certificate, if your product is taxable
- Copies of all appropriate certifications/licenses for products being sold (Such as Crop Plans, Article 20-C, Article 14, dairy and meat permits, winery permits, and Chautauqua County Health Department food permits)
- New York State bona fide farmers, please submit copy of NYS Dept of AG & Market’s FMNP Farmer Crop Plan

In the space below please add any additional details about your products (attach a separate sheet if needed):

I, the undersigned, am a vendor wishing to participate in the Lakewood NY Farmers’ and Artisans’ Market. I understand that this application is not a guarantee that my business will be accepted into the Market. The Lakewood Farmers’ and Artisans’ Market Committee reserves the right to select vendors and products most appropriate for the 2020 market season.

By signing this application, Applicant releases the Village of Lakewood, the Town of Busti and the Lakewood NY Farmers’ and Artisans’ Market Committee from all liability, costs and damages which could arise from participating in the Lakewood NY Farmers’ and Artisans’ Market.

By signing this application, Applicant hereby agrees to abide by the Lakewood NY Farmers’ and Artisans’ Market Rules and Regulations and each and every term and condition above and to be so bound.

Name _____

Signature _____ Date _____

- **Please sign and return application to:**
Village of Lakewood, ATTN: Farmers’ and Artisans’ Market
20 West Summit Street, Lakewood, NY 14750
- **Or send by email to:** farmersmarketlakewoodny@gmail.com

Make checks (Non-refundable) out to: Village of Lakewood and note ‘Farmers Market 2020’ on check

E-mail: farmersmarketlakewoodny@gmail.com

Facebook: lakewoodnyfarmersmarket