Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Day Phone:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Eve Phone:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you offer a CSA? Yes\_\_\_\_ No \_\_\_\_\_ Is your product certified organic? Yes \_\_\_Some\_\_\_\_ No\_\_\_\_

Does your business have social media? No \_\_\_\_ Yes \_\_\_\_\_, it is listed as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Product categories**

\_\_\_ Farm & Nursery Products and Processed Farm Products \_\_\_\_\_ Value Added Foods \_\_\_\_ Craft Items

Please give a brief description of your farm operation and number of years in business.

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

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**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.

 May 31st

 June 7th 14th 21st 28th

 July 5th 12th 19th 26th

 August 2nd 9th 16th 23rd 30th

 September 4th

Vendors agree to indemnify and hold harmless the Town of Coeymans Farmers Market and its employees, volunteers, and sponsors, and the Town of Coeymans, 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 Coeymans Farmers Market, it’s employees, volunteers, or sponsors, or the Town of Coeymans, or its employees. I grant permission for the Town Coeymans 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 Coeymans and the Town of Coeymans 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 Carlie Morrow 18 Russell Ave, NY 12143. Any Questions contact: 518-756-6006x2**

**APPLICANT SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_