

Durham Farmers' Market Corporate Vendor Application

Name _____

Business Name _____

Mailing Address _____

Website _____

Phone # _____

Email _____

All products are required to be grown in CT. Items you list are subject to approval based on the Rules & Guidelines set forth by the Durham Farmers' Market Committee and the CT Department of Agriculture. Please be aware that any products that are not listed on this application will need separate and prior approval before you may bring them to the market.

Please list all products you wish to sell. Attach a separate sheet if necessary.

Please attach:

- a copy of your insurance certificate naming the Town of Durham as add'l insured
- all licenses/permits pertaining to your product
- indemnification form (notarized)
- Check payable to *Town of Durham – Farmers' Market*
 - o \$25/week for with desired schedule attached

I attest to the truth and accuracy of the information I provided in this application. If approved as a vendor for the Durham Farmers' Market, I agree to abide by all rules and regulations.

Signature _____ Date _____

Mail application & paperwork to:
Durham Farmers' Market
PO Box 428
Durham, CT 06422

Questions?
Email [Sue Shade](mailto:SueShade)
DurhamCTFarmersMarket@gmail.com