



2018 Food Vendor Application

The 2018 Hopkinton Farmers Market will be held on Sundays, June 10 – October 14, 1:00 PM – 5:00 PM at the Town Common in the center of Hopkinton.

We welcome applications for participation in the HFM from any Vendor whose products and practices are consistent with the HFM mission and 2018 Rules of Operation. Please follow the directions below in submitting your application package.

Food Vendor application review and selection for the 2018 season will begin on April 1. To apply to become a Vendor for the 2018 season, please read the HFM 2018 Rules of Operation, then download and complete this form, and submit all of the following documents:

- HFM 2018 Food Vendor Application, Insurance and payment are a complete application package. If vendor is accepted, you will be notified and asked to proceed with food permit.
- Certificate of insurance from your insurance company indicating general liability insurance (in amounts not less than \$1,000,000 per person per incident and \$1,000,000 aggregate), and product liability insurance (in an amount not less than \$1,000,000) If your insurance expires after your application, please follow up with the renewal certificate at the appropriate time.
- payment for seasonal, alternate-week, or per-diem participation, please make all payments by check or money order, payable to the Hopkinton Farmers Market; your check will be cashed once you are accepted as a 2018 HFM Vendor. Discounts are available for vendor fees paid by April 1, 2018
- Copy of Food Permit submitted to the Board of Health no later than June 1, 2018.

Once your participation has been confirmed, contact the Hopkinton Board of Health (508) 497-9725 directly to apply for a permit. A food permit can be downloaded from the website. Copy of your health permit must be received by June 1 to participate in opening day 6/10 or at least 10 days prior to the week you have reserved at the market.

<http://www.hopkintonma.gov/home/government/boards/boh>

Business Name: _____

Primary Contact _____

Street: _____

City _____ State _____ Zip _____ Day Phone: _____

Cell Phone: _____ Email: _____

Website: _____ Link to your site on the HFM website? ___ Yes ___ No

Please provide us with a description of what makes your farm/business and products unique, for HFM website, e- newsletter, and promotional uses:

FOR HFM USE ONLY:

Date application received: _____ Fee enclosed: _____ Amount: _____ Check #: _____
___ Accepted. Notified _____ BOH. Permit ___ Yes ___ No ___ BOH ___ Wait listed ___ Notified
Certificate of Insurance ___ Yes ___ No ___ INS

VENDOR space - one 10' x 10' space (see Rules of Operations discounted payments before 4/1/18)

Check off which the frequency you want for the season
_____ Seasonal Vendor (\$380/19 week)
_____ Alternate Week Vendor (\$200/10 wks)
_____ Per-Diem Vendor Fees (\$25/day)

Per-diem Vendors:

On how many market days would you like to participate? _____
What are the specific dates on which you want to participate? Please list specific dates:

Alternate-Week: 10 weeks

On what dates would you like to participate?

Seasonal Vendors:

Are there any dates on which you will NOT be able to participate during the HFM season? If so, please list:

PRODUCTS AND SECONDARY PRODUCTS

Provide a detailed description of products you offer, including Secondary Products, their grower or producer and location. Secondary Products are grown or produced by someone local other than you. Secondary Products are not to exceed 20 percent of the total products offered. Use another sheet if necessary. All Secondary Products must be clearly labeled within your display so customers know where it was grown/produced.

ALL VENDORS:

Do you currently sell, or plan to sell, at other farmers markets? ___ Yes ___ No If so, where?

Is this your first experience as a vendor at a farmers market? ___ Yes ___ No
Is there anything else you would like to share with us about your farm or business?

Please contact us with any questions at: email laura@longlifefarm.com **OR** phone 508-596-1651 **Please mail your completed market application materials to:**
Laura Davis
205 Winter St
Hopkinton, MA 01748

Thank you!
Mail BOH application to:
Department of Health
18 Main St Hopkinton, MA 01721
508-497-9725

APPLICANT VENDOR SIGNATURE: The Vendor's signature (below) acknowledges that s/he has read, understands, and agrees to abide by the terms of the HFM 2018 Rules of Operation.

Vendor Signature: _____ Date: _____