



## 2017 Food Vendor Application

**The 2017 Hopkinton Farmers Market will be held on Sundays, June 11 – October 15, 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 2017 Rules of Operation. Please follow the directions below in submitting your application package.

Food Vendor application review and selection for the 2017 season will begin on March 24. To apply to become a Vendor for the 2017 season, please read the HFM 2017 Rules of Operation, then download and complete this form, and submit all of the following documents:

- HFM 2017 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 2017 HFM Vendor. Discounts are available for vendor fees paid by March 24, 2017
- Copy of Food Permit submitted to the Board of Health no later than June 1, 2017.

Once your participation has been confirmed, contact Ed Wirtanen (508) 497-9725 [ewirtanen@hopkintonma.gov](mailto:ewirtanen@hopkintonma.gov) Hopkinton Board of Health directly to apply for a permit. A food permit can be downloaded from the website. Copy of your health permit must be received one week prior to market date reserved.

<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 3/24/17)**

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:

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**Alternate-Week: 10 weeks**

On what dates would you like to participate?

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**Seasonal Vendors:**

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

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**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.

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**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?

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**Please contact us with any questions at: email [laura@longlifefarm.com](mailto: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 2017 Rules of Operation.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_