



2018 Vendor Application

The 2018-19 Hopkinton Winter Farmers Market will be held on Saturdays, from 9-1pm at Weston Nurseries at 98 East Main St in Hopkinton on the following dates:

12/15/18	1/19/19	2/23/19	3/23/19	4/20/19	5/18/19
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The mission of the Hopkinton Farmers Market is to provide a venue for local farmers, artisans and handcrafters to sell their products, improve nutrition by providing greater access to fresh local produce, educate residents about nutrition and sustainable agriculture and to build community while contributing to a vibrant town center in downtown 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.

To apply to become a Vendor for the 2018-19 winter season, please read the HFM 2018 Rules of Operation, then download and complete this form, and submit all of the following documents:

- Winter Farmers Market Application
- All farms and food vendors, personal care products are required to have liability insurance. Artisans are exempt as long as your product is not consumed or applied to people or animals.
- 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. Hopkinton Farmers Market should appear as certificate holder.
- Please make all payments by check or money order, payable to the Hopkinton Farmers Market for the dates you plan on attending. \$20 per market, \$120 for all 6 markets.
- Copy of Food Permit application submitted to the Board of Health no later than Dec 15, 2018 for 2019 food permit. The BOH has extended the market food permits for the Dec 15 market, but all food vendors need to resubmit a food permit application for 2019.

<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 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

Circle all dates you will attend:

12/15	1/19	2/23	3/23	4/20	5/18
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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.

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: _____