



## 2020 Farmers Market Vendor Application

**The 2020 Hopkinton Farmers Market will be held on Sundays, from 1-5pm at the Hopkinton Town Common corner of Marathon Way and Ash St. (11 Ash St – GPS) Opening Day Sunday, June 7 through Sunday, October 11, 2020.**

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.

Hopkinton is a producer grown/made market. We welcome applications for participation in the HFM from any Vendor whose products and practices are consistent with the HFM mission and Rules of Operation.

To apply to become a Vendor for the 2020 season, please read the HFM Rules of Operation, then download and complete this form.

SUBMIT ALL OF THE FOLLOWING TOGETHER: Application, Insurance Certificate and your check payable to Hopkinton Farmers Market for the markets that you sign up for.

1. Farmers Market Application
2. Certificate of insurance from your insurance company with Hopkinton Farmers Market as the certificate holder. Required insurance is 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) Hopkinton Farmers Market should appear as certificate holder.
3. Payment by check for the number of days you will attend the market. There is a 20% discount for payment of vendor fees before April 1, 2020.

Once your application is received, you will receive confirmation and the application for the board of health food permit will be sent to you if applicable.

### HOPKINTON FARMERS MARKET APPLICATION 2020

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 statement that can be used for posting about your business, for HFM website, e-newsletter, and Facebook:

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**VENDOR space - one 10' x 10' space or two 10' x 10' spaces**  
**Circle all dates you will attend: A seasonal rate is given for at least 9 of our 19 weeks.**

6/7	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	9/6	9/13	9/20	9/27	10/4	10/11
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**Vendor fees for 9-19 market days:**  
# of days above \_\_\_\_\_ \* \$20 per day = Total \$ \_\_\_\_\_  
**Vendor fees for 1-8 market days:**  
# of days above \_\_\_\_\_ \* \$25 per day = Total \$ \_\_\_\_\_

**Paying before 4/1/2020? Deduct 20% from your fee!**

**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?

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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!**

**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 Rules of Operation.

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

**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