Oneonta Farmers Market

Physical Address: Market Street, Oneonta, NY 13820 Mailing Address: PO Box 343, Oneonta, NY 13820 Email: OneontaFarmersMarket607@gmail.com



VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME		DATE	
ALTERNATE NAME if ap	pplicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
POINT OF CONTACT NA	AME	TITLE	<u> </u>
PHYSICAL ADDRESS			
MAILING ADDRESS if d	ifferent from address above		
LANDLINE PHONE	CELL PHONE	VENDOR EMAIL	
COUNTY	VENDOR WEBSITE		
TAX EXEMPT? Y or N	NY SALES TAX IDENTIFICATION NU	JMBER	

VENDOR TYPE

FARMER/PRODUCER	ARTISAN/CRAFTER	PREPARED FOOD

VENDOR COMPLIANCE AND INDEMNITY AGREEMENT

I, the undersigned, have read the Rules and Regulations of the Oneonta Farmers' Market and agree to abide by all these Rules and Regulations. I further agree to operate my booth in accordance with these rules and to pay all applicable fees as set out in the Rules and Regulations. I do understand that the booth rent, length of season and hours of operation are determined by the market management, and even if I do not agree with them, I will abide by them.

I further understand that failure to comply with the above could mean dismissal from the Market. As a Vendor at the Oneonta Farmers' Market, I agree to SAVE, HOLD HARMLESS, and INDEMNIFY the Oneonta Agricultural Group, Inc., their members, employees, and associates, from any and all liability or responsibility pertaining to any damages to person or property on the space reserved for me from said market, when such damages, or liability, arise out of any acts of my own, or of my employees or associates, located at said site.

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE

Product List

Please list all products that you would like to sell. See instructions below.

FARMERS/PRODUCERS: Please list all products you plan to grow/produce for sale. You do not need to list variety, but you do need to be specific as to type. (example- instead of listing "greens" list lettuce, spinach, etc.) In addition, please list all processed or value-added products you plan to sell. (example: jelly from berries, cider from apples, etc.)

ARTISANS/CRAFTERS: Please list all craft items you wish to sell which are made by you.

PREPARED FOOD: Please list all products you produce for sale and whether the food is to take home or eat on site. (Note: You are responsible for complying with all Health Department regulations and permits and you must collect sales tax when applicable.)

BROKERING: Please list any brokered products that you want to request approval to sell. You must be specific and list all items for consideration. Brokered products must be labeled clearly as such and if approved, will not be claimed as home grown.

IF YOU ARE A RETURNING VENDOR, ADDITIONALLY SELECT IF THIS IS AN ITEM YOU HAVE BEEN PREVIOUSLY APPROVED TO SELL OR IF IT IS A NEW PRODUCT

PRODUCT	GROWN/MADE	BROKERED	NEW ITEM	INTERNAL USE

PRODUCT LIST CONTINUED

PRODUCT	GROWN/MADE	BROKERED	NEW ITEM	INTERNAL U