



Chestertown Farmers Market
Local Farms, Local Food, Local People
P.O. Box 257
Chestertown, N.Y. 12817
(518) 494-3336

2012 APPLICATION – CHESTERTOWN FARMERS’ MARKET

NAME _____ PHONE _____

FARM NAME _____ COUNTY _____

ADDRESS _____
(Street) (City) (Zip Code)

EMAIL _____ FAX _____

ACREAGE YOU OWN IN PRODUCTION FOR MARKETS _____

OTHER ACREAGE (include # Acres leased, rented, etc.) _____

LOCATION _____

NAME OF PERSON(S) WHO OWNS RENTED PROPERTY _____

ADDRESS _____ PHONE _____

If you plan to sell products that require collecting sales tax, give your NYS Tax ID# _____

Send a copy of your Certificate of Authority and any other necessary licenses and/or permits with this application. If any inspection is pending, the license must be sent to the Chestertown Farmers’ Market, PO Box 257, Chestertown, NY 12817 as soon as possible. All copies must be sent each year, even if they were submitted in prior years.

Please indicate the size stall you want and whether you plan to participate for a full season, a 4-week block or an 8-week block. If attending on a weekly basis, please note your approximate starting and ending date.

Check Size: 10-Foot Stall _____ 20-Foot Stall _____

Check Dates: Full Season _____ 4-Week Dates _____ 8-Week Dates _____

(over)

PLEASE CIRCLE THE PRODUCE AND ITEMS YOU PLAN TO SELL:

*(**Note: The CFM considers tomatoes, peppers, cucurbits, melons and ornamental vegetables; such as Indian corn, gourds and pumpkins to be categorized as a vegetable. If you are unsure of a category for a certain product, list it under "other.")*

Vegetables	Sweet Corn	Tree Fruits	Cider	Strawberries	Raspberries
Blueberries	Honey	Jam	Cut Flowers	Dried Flowers	Dried & Fresh
Herbs	Garlic	Potted Herbs	Eggs	Baked Goods	Maple Syrup
Bedding & Potted Plants					

Meat (Specify) _____ Crafts (Specify) _____

Other (Specify) _____

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By signing, I agree to abide by any applicable Local, State and Federal Laws when selling at the Chestertown Farmers' Market and I agree to abide by the Chestertown Farmers' Market Rules and Policies.

SIGNATURE _____ DATE _____

Please return the originals of your completed application and agreement, along with copies of your insurance policy and necessary permits/licenses/Certificate of Authority, and the \$10 new vendor application fee. (Stall fees will be calculated based on postmark date, stall size and length of commitment.)
Send to:

Chestertown Farmers' Market
PO Box 257
Chestertown, NY 12817

Please make checks payable to Chestertown Farmers' Market or by PayPal on our website (www.chestertownfarmersmarket.com) Questions about your application may be directed to:

Mary Jane Dower, Market Manager (518-494-3336) or email to chestertownfarmersmarket@yahoo.com.