



Cooperstown Farmers' Market

P.O. BOX 1130 • COOPERSTOWN, NY 13326

PHONE & FAX: 607.547.6195

2010 Application Form

RETURNING VENDORS - Please mail your completed application to Market Manager, Lyn Weir, at the address above. All applications and necessary related materials must be submitted by February 28, 2010.

NEW VENDORS - First-time applicants are required to meet with the Vendor Selection Committee to be juried. The committee will meet in February and March to jury new vendors. Successful applicants are notified within five business days and are eligible to join the market as space permits once all necessary paperwork has been submitted. Preference is given to agricultural producers. For more information about the Cooperstown Farmers' Market, please contact Lyn Weir at 607.547.6195 or admin@Otsego2000.org. Thank you!

Business Name: _____

Vendor Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Product Line (Produce, Crafts, Baked Goods, Honey, Syrup, Meat, etc.): **Note.** Please be specific and list all processed goods and produce you plan to grow for sale; continue on back if necessary. For brokered items, list each product and where it is made or grown. If applying for the first time, you must include a picture of your goods, or in the case of produce, a picture of what your stand will look like. **Include copies of all applicable permits, licenses, and certificates, e.g. Food Processing License, Nursery Dealer Registration Certificate, etc.**

Please list specific dates of the WINTER markets you plan to attend, January - April, 1st and 3rd Saturdays

Please list specific dates of the SATURDAY markets you plan to attend, May 8 - December 18:

A MID-WEEK market is being considered for Tuesday or Thursday from May to Sept. Please list the specific dates you are available. _____

Liability insurance is required, please see, the 2010 Liability Insurance document attached, then select one:

I would like to purchase insurance through Otsego 2000 for an annual premium of \$43.

I will attach a copy of my certificate of insurance to this application. Once accepted, I will add "additional insured," as per the market rules.

I have read, and agree to abide by, the 2009 Cooperstown Farmers' Market Rules and Regulations. I accept that the Market Manager and the Market Board will resolve all disputes, and understand that failure to comply with market rules may result in expulsion from the market.

Signature: _____ Date: _____