



Cooperstown Farmers' Market

P.O. BOX 1130 • COOPERSTOWN, NY 13326
PHONE & FAX: 607.547.6195, ADMIN@OTSEGO2000.ORG

2011 Application Form

All applications and necessary related materials must be submitted by February 28, 2011.

Business Name: _____

Vendor Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Please list the products you plan to bring to the market. Be specific about the items that you offer, the kinds of produce, meats, cheeses, poultry, herbs, flowers, as well as any smaller quantity items like honey, maple syrup. List baked goods, processed foods like jams and jellies, or cider. Note what you grow, what you process yourself, what you broker and any new products. If applying for the first time, include a picture of your goods, or a picture of what your stand will look like. Continue on the back of this page if you need more space for your product list.

Please circle the dates of any WINTER markets you want to attend, January - April, 1st and 3rd Saturdays
1/15, 2/5, (plus Winter Carnival Weekend Market 2/12) 2/19, 3/5, 3/19, 4/2, 4/16 HOURS: 9:am-2:pm

Please circle the dates of the SATURDAY markets you want to attend from May 7 - December 17
5/7, 5/14, 5/21, 5/28, 6/4, 6/11, 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6, 8/13, 8/20, 8/27,
9/3, 9/10, 9/17, 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5, 11/12, 11/19, 11/26, 12/3, 12/10,
12/17, (and Christmas Market Thursday 12/22) HOURS: 9:am-2:pm except May 7 - September 10
when the hours are 8:am-2:pm.

Please circle the dates of any Tuesday markets you want to attend in July, August and September
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

Include copies of all applicable NYS permits, licenses, and certificates. (see document attached)

Liability insurance is required, please see, the 2011 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 indicated in the insurance requirements document.

The Vendor Selection Committee will meet with first-time applicants and jury all new products. The committee will meet to review the applications and schedule jury meetings in March. Successful applicants are notified within five business days and are eligible to join the market as space permits. Preference is given to agricultural producers. By April 30, vendors will receive their stall assignments for the season. For more information, please contact Lyn Weir at 607.547.6195. Thank you.

I have read, and agree to abide by, the 2010 Cooperstown Farmers' Market Rules and Regulations. I accept that the Market Manager and the Market Board will resolve all disputes.

Signature: _____ Date: _____