





## **Meriden Farmers Market**

## 2017 Season Application Form

## **Farmers**

Business Name			
Summary of Products to be Sold			
Applicant (Main Contact) Name			
Mailing Address:			
Street			
City	State	Zip	
Phone (Business)		Phone (Mobile)	
E-mail Address		Web Site:	
CT State Tax ID Number			
Please attach the following:			
<ol> <li>List of farm products or 2017 C</li> <li>2017 WIC forms and certification</li> <li>Certificate of Insurance</li> </ol>		alty Crop Plan	
I certify that all the information provided offered for sale have been created or p		Il attachments, is true and accurate, and t icut by me, and/or my farm:	hat all the items
(Signed)		(Date)	_

Meriden Farmers Market: www.MeridenFarmersMarket.org

The Meriden Farmers Market rents space for vendors and supplies a robust marketing effort. Vendors are responsible for adherence to all laws and regulations, and for providing insurance coverage appropriate to their products. At the market, all vendors must have their business name and prices prominently displayed and provide their own tables, chairs, and canopy. Other point of sale advertising is encouraged. This is a rain or shine market.

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