





Meriden Farmers Market

2017 Season Application Form

Specialty Food Vendors*

Organ	ization Name				
Summ	nary of Products to be Sold				
Applic	ant (Main Contact) Name				_
Mailin	g Address:				
Street					
City _		State	Zip		
Phone (Business)			_ Phone (Mobile)		
E-mail Address			_ Web Site:		
CT St	ate Tax ID Number				
CT Sa	e attach the following ales & Use Tax Certificate cate of Insurance				
Pleas	e check the following:				
	I certify that my food preparation facilities have been approved by a local Health Department, or a State of Connecticut agency.				
	ry that all the information provided d for sale have been created or				
	(Signature)			(Date)	

* **Specialty Food Vendors** – Prepare products for sale at the Market in their own approved facilities, using food substantially produced, packaged and/or grown in Connecticut

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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