





## **Meriden Farmers Market**

## 2025 Season Application Form

## **Farmers**

Business or Organization Name			-
Summary of Products to be Sold			_
Applicant (Main Contact) Name			_
Mailing Address:			
Street			
City	State	Zip	
Phone (Business)	Pho	ne (Mobile)	
E-mail Address	Web	Site:	
CT State Tax ID Number			
Please attach the following:			
<ol> <li>List of farm products or 2024 C</li> <li>Connecticut Sales and Use Tax</li> <li>Certificate of Insurance</li> </ol>	•	p Plan	
I certify that all the information provided offered for sale have been created or p		nments, is true and accurate, and that all the items me, and/or my farm:	
(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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