





Meriden Farmers Market

2025 Season Application Form

Specialty Food Vendors*

Business or Organization Name			
Summary of Products to be Sold			
Street			
City	State	Zip	
Phone (Business)		Phone (Mobile)	
E-mail Address		Web Site:	
CT State Tax ID Number			
Please attach the following 1. CT Sales & Use Tax Certificate 2. Certificate of Insurance			
Please check the following:			
I certify that my food preparation facilities have been approved by a local Health Department, or a State of Connecticut agency.			
I certify that all the information provided offered for sale have been created or p	·	Il attachments, is true and accurate, and that all the items cut by me, and/or my business:	
(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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