

PAKATAKAN FARMERS' MARKET 2017

VENDOR REGISTRATION FORM

Send completed application to P. O. Box 881, Margaretville, NY 12455 or e-mail to roundbarnmarket@gmail.com

Vendor's Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone(H) _____ (W) _____ Email _____

NYS Sales Tax ID# _____ County _____ Website _____

CHECK ONE: Farmer/Producer () Crafter () Prepared Food ()

Membership Fee for all vendors is \$50

Full Season, 22 weeks, May 13- October 7, 2017 Booth is assigned for the season

BOOTH RATES: Per week: Inside Barn booth 8' x 10' \$35. Half-size Inside Barn booth \$25. Pavilion booth 10' x 10' \$30. Outdoor booth 10' x 10' (vendor must provide canopy) \$25

Extended Season, 7 weeks, October 14 - November 25, 2017 includes Holiday Market

BOOTH RATE: \$25. 10x10 Pavilion and Outdoor only.

It is the Vendor's responsibility to notify the Market Manager by 8:00am on any market day he/she cannot be in attendance. Notification does not forfeit payment responsibility.

Each Vendor must have completed an application with payment and attached proof of insurance and signed Vendor Compliance and Indemnity to be considered for booth assignment.

Outdoor vendors can arrange with Market Manager for limited inside storage.

() Need Electricity. Describe Usage: _____

() Need Storage. Describe Usage: _____

Please note: Vendors with large coolers/displays/etc. will be charged an additional \$15 fee to cover the use of electricity.

Insurance: Vendors must provide market with a certificate of insurance listing PFM as additional insured or Vendors can purchase insurance through the market at \$105/season.

Product Specifications

IMPORTANT – Please list all products you intend to sell. See instructions below.

FARMERS/PRODUCERS: Please list all products you plan to grow/produce for sale. You do not need to list variety but you do need to be specific as to type. (example- instead of listing “greens” list lettuce, spinach, etc.) In addition, please list all processed or value-added products you plan to sell. (example: jelly from berries, cider from apples, etc.)

CRAFTERS: Please list all craft items you wish to sell which are made by you.

PREPARED FOOD: Please list all products you produce for sale and whether or not the food is to take home or eat on site. (Note: You are responsible for complying with any and all Health Department regulations and permits and you must collect sales tax when applicable.)

BROKERING: Please list any brokered products that you want to request approval to sell. You must be specific and list all items for consideration. Brokered products must be labeled clearly as such and if approved, will not be claimed as home grown.

LIST ALL PRODUCTS YOU WOULD LIKE TO SELL & CHECK CATEGORY

Products	Grown/Made	Brokered	Approved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Products	Grown/Made	Brokered	Approved

NOTES/COMMENTS

If you know you will not be at the market on a specific date, please indicate here.

Membership Fee (all vendors) \$ 50.00 _____

Please indicate your payment and booth preference

___ Season Indoor Barn 8’x10’ – 10% Discount \$ 693.00 _____

___ Season Indoor Barn Half Booth -- 10% Discount \$ 495.00 _____

___ Season Pavilion 10’x10’ Booth--10% Discount \$ 594.00 _____

___ Season Outdoor 10’x10’ Booth -- 10% Discount \$ 495.00 _____

Discounted fees are to be paid in full by the Annual Vendor Meeting, no exceptions.

___ Weekly Indoor Barn 8’x10’ Booth – 2 Week Deposit \$ 70.00 _____

___ Weekly Indoor Barn Half Booth – 2 Week Deposit \$ 50.00 _____

___ Weekly Pavilion 10’x10’ Booth – 2 Week Deposit \$ 60.00 _____

___ Weekly Outdoor 10x10’ Booth – 2 Week Deposit \$ 50.00 _____

___ Extended Market - 1 Week Deposit \$25. _____

Electric Charge -Season \$ _____

Insurance Fee – Season \$ 105.00 _____

TOTAL PAID \$ _____

Accepted payment by check, cash, or paypal,roundbarnmarket@gmail.com. Please note that you are responsible for paying all processing fees from banks or paypal.

Received _____ Reviewed _____ Payment Received _____
Initial/Date

Market Manager: Georgi Fairlie e-mail: georgi.fairlie@hotmail.com

Pakatakan Farmer’s Market Board

Deborah Bauer T: 607-326-3404 e-mail: locustgrovesoap@yahoo.com

Jill Cline T: 845-586-3443 e-mail: jill@catsguild.org

Neil Driscoll T: 518-827-5937 e-mail: driscoll.c.n@gmail.com

Dwayne Hill T: 607-652-6792 e-mail: shaverhillfarm@gmail.com

Aissa O’Neil, V. President T: 607-746-9581 e-mail: aissa348@gmail.com

Linda Smith, Treasurer T: 607-829-8852 e-mail: shermanhillcheese@live.com

Lisa Enay Robinson T: 607-756-3504 e-mail: lisa.enev@verizon.net

Madalyn Warren, President T: 607-326-6177 e-mail: straightoutoftheground@gmail.com

PFM VENDOR COMPLIANCE AND INDEMNITY AGREEMENT

PFM Rules and Regulations: I, the undersigned, have read the PFM Application, Rules and Regulations and agree to abide by the PFM rules and regs and instructions given by PFM Market Manager. I understand that I am responsible for informing all of my staff of the regulations for the PFM.

I further agree to operate my booth in accordance with these rules and to pay all applicable fees as set out in the Rules and Regulations. I do understand that the booth rent, length of season and hours of operation are determined by the market management, and even if I do not agree with them, I will abide by them.

I further understand that failure to comply with the above could mean dismissal from the Market.

Vendor Signature _____ Date _____

As a Vendor at the Pakatakan Farmers' Market, I agree to SAVE, HOLD HARMLESS, and INDEMNIFY the Pakatakan Farmers' Market and The Round Barn of Halcottsville, their members, employees, and associates, from any and all liability or responsibility pertaining to any damages to person or property on the space reserved for me from said market, when such damages, or liability, arise out of any acts of my own, or of my employees or associates, located at said site.

Vendor Name - Please Print _____

Vendor Signature _____ Date _____

Market Manager's Signature _____ Date _____