

PETERBORO FARMERS' MARKET
APPLICATION FOR VENDOR PERMIT – 2017

Instructions: The Peterboro Farmers' Market aims to showcase the products of Madison County, its farmers and small producers of handmade items. The Smithfield Community Association and the Town of Smithfield require all vendors to meet Federal, State and Local Laws & Regulations pertaining to their business operations. (Please refer to the Rules and Regulations for guidance on whether licensing or registration may be required.) Application must be completely filled out with applicable license/ registration attached or it will not be accepted.

Please complete and return this application with the appropriate proof of license or registration to: Smithfield Community Association, PO Box 6, Peterboro, NY 13134.

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____ **Website:** _____

Cell Phone#: _____ **Vehicular License Plate#** _____

Frequency: Please check the type of permit you are applying for:

___ **(Weekly)** (6/14, 6/21, 6/28, 7/4, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16, 8/23, 8/30, 9/6, 9/13)

___ **(Bi-Weekly - A)** (6/14, 6/28, 7/12, 7/26, 8/9, 8/23, 9/6)

___ **(Bi-Weekly - B)** (6/21, 7/4, 7/19, 8/2, 8/16, 8/30, 9/13)

___ **(Monthly -1st Wed)** (7/5, 8/2, 9/6)

___ **(Monthly - 2nd Wed)** (7/12, 8/9,9/13)

___ **(Monthly - 3rd Wed)** (6/14, 7/19, 8/16)

___ **(Monthly - 4th Wed)** (6/21, 7/26, 8/23)

___ **(Monthly - 5th Wed)** (6/28, 8/30)

___ **(One Time: ___ / ___ / 17)**

Name: _____

Proof of license or registration must be supplied if required by law: (Photocopy must accompany application):

NYS Dept. Ag & Mkt # _____ Dept of Health # _____

NYS Sales Tax #: _____ (Required if you plan to sell products that require collecting sales tax)

Products: Please mark all items you intend to sell and list your specialty.

___ **Fruits and/ or vegetables Plants and/ or flowers**

___ **Fruit Jams & Jellies, Honey, Maple Syrup, Apple Cider, Eggs** (Must be kept at 45° or less)

___ **Baked Goods:** (must be wrapped or placed in paper or plastic) Specify _____

___ **Crafts/Art:** List your specialty _____

___ **Dairy:** Specify _____

___ **Meats** (Must be kept at 41° or less)

___ Seafood ___ Pork ___ Beef ___ Chicken ___ Other: Specify _____

___ **Prepared Foods:** Specify _____

___ **Books:** Must be authored by New York State resident

___ **Other:** Specify _____

Declaration:

I have read the **2017 Peterboro Rules & Regulations** and understand that **the rules are subject to change before the market season begins.** I hereby agree to comply with all regulations governing the Peterboro Farmers' Market. **I have attached the requested license/registration and I hereby certify that the information completed above is true and accurate.** I further understand that any applicant who makes false statements or representation of certification in this application shall be subject to a fine and/or revocation of their permit.

___ I hereby authorize the Peterboro Farmers' Market to list my company name to advertise the fair.

Vendor Signature _____ Date: _____

Questions? Please call/text: 917-578-9674 or 315-374-9605 or email peterborofm@gmail.com