

# Waterbury Farmer's Market

Thatcher Brook Middle School, Stowe Street, Waterbury Vermont

## Vendor Application

### ***Winter Market (November -April)***

*Deadline for completed application and fees October 31, 2011 for Winter Market*

Returning Vendor       New Vendor

#### **Contact Information:**

Farm/Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

#### **Vendor Information:**

Vendor Category applying for:  Agricultural     Prepared Foods     Crafts

Select the category that best describes your product(s):

Produce (fruits/vegetables/herbs)

Baked goods

Eggs

Prepared/processed foods

Maple Syrup

Honey

Plants/Flowers

Dairy/Cheese

Arts/Crafts

Meat/Poultry

Herbal Products

Value Added

Other (please

describe): \_\_\_\_\_

Detailed List/Description of products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **All Vendors:**

Please describe the origin of your ingredients, labor, originality and method of preparation: \_\_\_\_\_

\_\_\_\_\_

Yes, I am a fruit or produce grower who wishes to participate in the Farm to Family Program.

Yes, please include my listing on the WFM Website

Yes, I request a link to my website, my URL \_\_\_\_\_

**Payment of Space Fees** must be made with your application for full and half season payment and for daily payment it must be received by the end of each market day. Please indicate if you plan to pay:

Winter Market Rate (6 wks) \$85

Weekly Rate \$15

Please circle the dates you are planning on attending the market:

*November 12<sup>th</sup>*

*December 10<sup>th</sup>*

*January 14<sup>th</sup>*

*February 11<sup>th</sup>*

*March 10<sup>th</sup>*

*April 14<sup>th</sup>*

If you sign up to participate regularly we will do our best to have a regular space for you, non-regular vendors cannot be guaranteed the same space each time.

**By signing, I agree to abide by the Waterbury Farmer's Market Rules and Thatcher Brook Middle School Rules:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed application and fees to: Nicole Dagata, Market Manager, 353 Kneeland Flats Road, Waterbury Center, Vermont 05677.

For WFM Use: Date Received _____	Paid: \$ _____	Check #: _____
<input type="checkbox"/> Application Accepted	<input type="checkbox"/> Application Denied	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Fill-in