

**Wilmot Farmers Market 2018 Application & Liability Waiver Form**

Mail this completed application form with payment (checks made payable to Wilmot Farmers Market):  
Wilmot Farmers Market, c/o Christine St Clair, 540 Old Post Road, Newbury NH 03255

Your Name (s)	
Your Business or Farm Name	Check here if this is a registered ___ Non-Profit Organization
Mailing Address	
City, State, Zip	
Business Physical Address City, State, Zip	
Email address	Do you wish to have your email listed on WFM website? ___ Yes ___ No
Web Site Address	www._____ Do you wish to have your website listed on WFM website? ___ Yes ___ No
Phone/Facebook	www. facebook.com/_____ Do you wish to have your Facebook page on WFM website? ___ Yes ___ No Phone number _____ Do you wish to have your phone number listed on WFM website? ___ Yes ___ No
Electrical needs & purpose	_____ Check Here if you need electricity If checked above, explain purpose and electrical items used.
List ALL products you request to sell, (use back of form if necessary)	
I am applying to be a:	___ Full Time Vendor (12-15 markets) ___ Part-Time Vendor (11 or less)
Place a check mark on the line before the dates you will attend	___ June 23 ___ June 30 ___ July 7 ___ July 14 ___ July 21 ___ July 28 ___ Aug 4 ___ Aug 11 ___ Aug 18 ___ Aug 25 ___ Sept 1 ___ Sept 8 ___ Sept 15 ___ Sept 22 ___ Sept 29

**The Wilmot Farmers' Market is held rain or shine. Vendors are required to attend regardless of weather conditions.**

FULL-TIME (FT) VENDOR FEE – one 10' x 10' space @ \$120 due on or before March 1<sup>st</sup>. "Full-season" vendors agree not to miss more than 3 markets during the 15 week season which runs June 23-September 29. **After March 1st the full-time vendor fee is \$140.**

PART-TIME (PT) VENDOR FEE –one 10' by 10' space @ \$20/per week for the first 6 markets. Part time vendors pay a reduced fee of \$15/market after their first 6 markets with a season maximum of \$150.

**Acceptance of Rules & Health Guidelines**

I certify that I am 18 years of age or older and have read and understand the Application, the Information, Guidelines, and the By-Laws which are available online at Wilmotfarmersmarket.com. If accepted into this Market, I agree to abide by said rules, procedures, and guidelines. Further, I agree to sell only such items that I have produced and only those listed on this application unless granted by the WFM at a later date through an additional written request. I also acknowledge that all of my products stated in application may not be accepted and that saleable products are determined by the Board.

I also certify that any chemicals used in the production of the produce I grow were used in accordance with the current label instructions (if applicable). Processed food such as jam, jelly, preserves, or baked goods shall conform to the New Hampshire Labeling Laws and Sanitary Code. (Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-271-4589) Vendors selling by weight shall use certified scales; this is the responsibility of the vendor. (Bureau of Weights and Measures, 603-271-3700)

**Indemnification and Release of Liability**

The undersigned hereby agrees to release and hold harmless from all liability the Town of Wilmot and The Wilmot Farmers Market for property being exhibited and from any personal injury claims that might arise as a direct result of the vendor's property being exhibited on the Wilmot Town Green and vendor's participation in the Market. Vendor hereby waives, releases, and discharges any and all claims for damages: for personal injury, death, or property damages that may have occurred or which may have accrued as a result of activity at the Wilmot Farmers' Market.

**!! IMPORTANT!!**

Your signature below denotes your acceptance of the terms set forth in this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Wilmot Farmers Market Use ONLY</b>	<b>Date Received</b>	<b>Date Of Decision</b>
<b>Notes:</b>	<b>Date Vendor Notified</b>	___ Approved ___ Not Approved