



2018 Bozrah Farmers Market

Vendor Application and Instructions

(P) 860.984.5523 Email: Miria@snet.net

[Facebook.com/BozrahFarm](https://www.facebook.com/BozrahFarm)

www.BozrahFarmersMarket.org

All applications, fees and completed paperwork must be received and approved prior to the date you wish to participate. This is a WIC/Senior Program Market. **PLEASE NOTE POLICY CHANGES TO THIS YEARS FORM IN RED.**

Mail completed applications, fees and attachments to:

Miria Toth, Bozrah Farmers Market Master
253 Browning Road
Bozrah, CT 06334

Checks made payable to **Maples Farm Park**

Agricultural and Artisan		Prepared Food Vendors	
Full Season (15 wk)	Guest Spot (1 wk)	Full Season (15 wk)	Guest Spot (1 wk)
10x10 - \$230 10x20 - \$280 10x30 - \$330 10x40 - \$380	10x10 - \$25	\$300	\$50

*Guest spots fill up quickly and must be approved prior to the desired market date by the committee.

The Market operates July 6th through October 12th

Fridays from 4-7 pm. Setup begins at 3 pm, all vendors must be at their location by 3:30 pm and remain until 7 pm. Vendors must leave the market by 8:00 pm. Vendors not on site by 3:30 may be set in an alternate location behind the homestead. **All vendors not able to attend a market must let the committee know by the Tuesday prior to the market. If vendors miss a market not previously noted on the application, you will be assessed a \$25 fee unless it is determined by the committee to be an emergency. If multiple markets are missed, your spot will be revoked for the season.**

Please note that vendor spaces at the market will be determined by the committee. We will attempt to leave you in last year's location, but shade is at a premium and we cannot accommodate everyone. No vendor will be moved unless it is at the discretion of the market due to exigent circumstances.

This year we will be accepting an encouraging vendor payment by credit card though Square. You will be sent a link to pay after you have been accepted into the 2018 market.



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Name _____

Business/Farm Name _____

Mailing Address _____

Phone _____ Email _____

Website _____ Facebook _____

CT Sales Tax Number _____ (if applicable)

Uncas Health Department Permit # _____ (if applicable)

☐ I am a Bozrah resident

☐ Full Time Vendor

☐ 10x10

☐ 10x20

☐ 10x30

☐ 10x40

Please list any dates you will not be at the market _____

☐ Guest Vendor

Please list preferred dates (no dates are guaranteed) _____

WIC/Senior Certified (for vegetable, fruit, honey or eggs)

**** Please note: Do not send payment until your application has been approved.**

Submitting an application does not guarantee you a spot in the market. The market committee will contact you once your paperwork has been approved. The committee will make an effort to take preference to returning vendors, but no guarantees will be made. For regular full season vendors: all paperwork and fee must be received by June 25th prior to opening day.

For guest vendors: all paperwork and fee must be received prior to market participation.

In addition to the following information, please attach these documents as appropriate:

- Proof of Liability Insurance – ALL VENDORS MUST HAVE LIABILITY INSURANCE including guest vendors.
- Crop Plan and Specialty Crop Plan (available from the CT Department of Agriculture)
- Copies of all licenses and certificated related to the products or services offered at the Market.

Please describe your growing methods (Organic, Conventional, Grass Fed, Free Range, or any products or services not mentioned in the crop plan.

The Bozrah Farmers Market is a CT Grown Market; all items intended for sale by weekly vendors MUST be grown or produced in CT. Please list the items you intend to sell.

Do you accept debit or credit cards? _____

I attest to the truth and accuracy of the information provided in this application, I have read the 2018 Bozrah Farmers Market Regulations and understand that the committee may terminate this Agreement at any time by providing 7 days written notice should I not be a good representative of the Bozrah Farmers Market as determined by the sole discretion of the Committee. I agree to abide by this and I understand that all foods and goods must be grown and produced in Connecticut.

Signed _____ Date _____

Printed Name _____