

COPAKE HILLSDALE FARMERS MARKET VENDOR APPLICATION ~ 2024

Saturdays, May 18 through November 23, 9AM-1PM

Name _____

Business Name _____

Address _____

Phone Email _____

Website _____

Business Facebook / Instagram _____

➔ Any checks sent to me should be made out to my: ☐ name *or* ☐ business name

Products to be sold (please list specific vegetables, fruits, animal and other products, Artisan Craft goods, or other goods). See Vendor Requirements for more information.

Vending period: please state whether you want a ☐ full season or ☐ partial season.
If partial, list your requested dates (we will try to accommodate but no guarantees are made).

☐ I wish to participate in the Farmers Market Nutrition Program (FMNP).

☐ I agree to accept EBT/SNAP at the Market for qualified products. I will follow the EBT regulations as provided to me by the Market Manager. ☐ I would like access to an electric outlet

☐ I would like to discuss alternate payment options ☐ I would like to discuss a larger space

☐ **I HAVE READ AND UNDERSTAND THE VENDOR REQUIREMENTS (ATTACHED), AND WILL COMPLY.**

☐ If my application is accepted, I agree to pay the market fees per the fee schedule in the attached Vendor Requirements. An invoice from CHFM, Inc. will be sent to me.

Signature

Date

Applications are due by April 1. You will be notified of your status by April 10.

DO NOT send any payment until you are notified of your acceptance.

DO include with your application any necessary paperwork per the attached Vendor Requirements.

Incomplete applications will be prioritized lower.

Send completed application package to CHFM, Inc., PO Box 11, Copake NY 12516

☐ Application ☐ HH ☐ Insurance ☐ 20C ☐ Food Permit ☐ Home Ex. ☐ Nursery ☐ Alcohol
☐ SNAP ☐ Sales Tax ☐ Payment