

The West Milford Farmers Market

Established January 2009

Registration Form 2011 (Vendor & Artisan)

Please print all information clearly. **If Vendor** return to Sustainable West Milford at 42A Lexington Lane, West Milford, NJ 07480. Phone: 845-337-1802; email: mshipkey@aol.com. **If Artisan**, return to Bonnie Telesmanich (Bugs_bonnie@msn.com). **The Committee may limit the number of times a particular Artisan may participate during the Market season.** All checks should be made payable to Sustainable West Milford, Inc.

NAME: _____ PHONE: _____

E-Mail Address: _____

NAME OF BUSINESS/FARM: _____

MAILING ADDRESS: Street/PO Box _____

Physical location of farm/business Street/location _____

City, County and Zip _____

Who will be staffing your booth (name and relationship to operation)?

NUMBER OF ACRES UNDER CULTIVATION: _____

FARMING PRACTICES (Attach copy of relevant certification) Certified Organic__
Registered Organic__ Chemical Fertilizer and Pesticide free__ Conventional__ Bio-Dynamic__:

Vendor Type i__ ii __ iii__ iv__ Artisan ____ (See Article IV, section B to determine vendor type)

PRODUCTS FOR SALE:

List items, fresh or added value, which you intend to sell. Please be as specific as possible.

BOOTH FEES: Single booth vendor fee for the West Milford Farmers Market is \$30 per week per 12' X 12' space, not including vehicle parking. A registration fee is due at the time of registration (see Article IV f). Make all checks payable to Sustainable West Milford Inc. Please review schedule of fees in Article IV, Section F for available discounts and payment schedule.

NUMBER OF BOOTHS _____

REGISTRATION FEE DUE (see IV F) CASH___ CHECK___ CHECK#_____

Will you be participating in the WIC Farmers Market Nutritional Program in the 2010 season? If yes, you will be asked to display your WIC poster at your market display.

YES___ NO___

Please describe the tables, trucks, freezers, etc in your display. Indicate how much space your booth requires. Include a list of any special needs your booth will require. The Farmers Market Committee will make every effort to accommodate your needs.

I HAVE READ THE ATTACHED FARMERS MARKET BY-LAWS AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT NON-COMPLIANCE WITH THE BY-LAWS OF THE MARKET OR WIC REGULATIONS CAN RESULT IN MY MEMBERSHIP BEING REVOKED.

SIGNATURE OF VENDOR: _____ DATE: _____

For Market Personnel Only

MARKET SPACE ASSIGNMENT # _____ Shade Structure Y N Electricity Y N Vendor Type _____

SIGNATURE OF FM COMMITTEE MEMBER ACCEPTING THE

APPLICATION: _____ DATE: _____

The West Milford Farmers Market Payment Receipt

Date _____ Cash _____ Check # _____ Space # _____

Request for FM Committee Review Date _____

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WAIVER FORM

Please print all information clearly. If Vendor Return to Sustainable West Milford at 42A Lexington Lane, West Milford, NJ 07480. Phone: 845-337-1802; email: mshipkey@aol.com **along with the Registration Form. If Artisan, Buy-Local or Nonprofit, return to Bonnie Telesmanich (Bugs_bonnie@msn.com).**

I, the undersigned individual/entity, do hereby certify that neither I nor my heirs, successors, assigns, etc. will in any way hold Our Lady Queen of Peace, the Farmers Market Committee, Sustainable West Milford, the Sustainable West Milford Board or the Sustainable West Milford Executive Committee liable for any damages, accidents, losses or injuries that may occur. I further understand that the Market and its agents are only providing a place for individuals to sell their commodities and are not guaranteeing the sale of these commodities. I understand that the Market and its agents are not responsible for collection on any accounts of the individuals to which I choose to market my products. I agree to be fully and entirely responsible for any damage, accidents or injuries caused by my action(s) or my products, and/or my equipment and the same for those assisting me at the Market. This agreement remains in effect for the duration of my participation in the Market.

Name (print) _____

Signature _____

Date _____