



Mendon Farmers Market

2010 Vendor Application

Vendor/Business Name _____

Business/Farm Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Contact Person(s) _____

Web Site _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

Emergency Contact & Phone _____

Application for (check all that apply)

- ____ On-site selling
____ CSA pick-up point

Market sessions & fees: Check all that you are currently applying for. *Fees are due upon acceptance.*

- ____ *Pre-Season Market* – Apr. 20 - Jun. 8 (8 weeks) - Tuesdays 3 PM – 7 PM (\$50)
____ *Main-Season Market* - Jun. 15 - Nov. 30, 2009 (24 weeks) - Tuesdays 3 PM – 7 PM (\$150)
____ *Pre & Main-Season* (32 weeks) combined fee ~ \$175
____ *A Holiday Market Place* - Nov. 30 - Dec. 21 (4 weeks) - Tuesdays 3 PM – 7 PM (\$75)

Copies of documents submitted with application: Check all that are applicable to your business or note if you are in the process of obtaining these documents at the time of application. See section on “Documents Required of Vendors” and *2009 Rule & Regulations* for details).

- ____ NYS permits, certificates, licenses
____ NYS Tax Certificate

My business is insured for general liability _____ **Yes** _____ **No.**

If you answered no, when will your business/farm be insured? _____



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Documents required of vendors.

Please note that vendors who have not supplied their required documents by opening day cannot be allowed to set up.

◆ **Documents required with your application**

- If you are selling meats, cheese, baked goods, any processed/packaged foods, please provide any required NYS permits, licenses or certifications (USDA, Ag & Markets, County Health Department, etc.)
- If you are selling crafts, plants or cut flowers, provide valid proof of NYS sales tax certificates

◆ **Required upon acceptance:**

All vendors must also show proof of liability insurance with Cibi deliziosi, LLC named as additional insured, in the amount of \$1,000,000 unless pre-approved for a different amount by Cibi Management. Address for Insurance:

Cibi deliziosi, LLC
3894 Rush Mendon Road
P.O. Box 276
Mendon, NY 14506

Return Application and related documents to: Cibi, P.O. Box 276, Mendon, NY 14506

Contact: Rosita Caridi-Miller, Manager, *Mendon farmers Market*, 585-624-9590 or 585-905-1061 (cell) or farmersmarket@cibi-d.com

For all applicants

I have read the *Mendon Farmers Market Rules and Regulations* and am authorized by (farm/company name) _____ to commit to adherence to them as stated.

Please print: Name _____ Title _____

Signature _____ **Date** _____