

Litchfield Hills Farm-Fresh Market Vendor Application 2019

P.O. Box 607 • Litchfield, CT 06759 • (860) 567-3890 • www.litchfieldfarmersmarket.org/

Saturdays • June 15, 2019 to October 26, 2019 • 10:00 a.m. – 1:00 p.m.

Litchfield Hills Farm-Fresh Market is built on a strong foundation of trust and collaboration. We trust you apply with these ideals in mind. Fees: Full-season \$300; Half-season \$180; Occasional \$20/wk. Return this application to our PO Box (above) or email to info@shc-ct.org

We are a CT Grown market at which farmers sell what they grow, harvest or raise; and vendors of processed products sell products produced in CT and primarily from CT-grown products to the degree that is possible.

Name: _____ Farm/Business: _____

Farm/Business Location: _____
Street address city state

Mailing Address: _____
Street address city state zip code

Phone number(s): _____ E-mail: _____

Which of the following best describes your product(s)?

- | | |
|--|--|
| <input type="checkbox"/> Fruit and/or Vegetable Producer | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Prepared Foods | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Value-added Agricultural Producer |
| <input type="checkbox"/> Meat | <input type="checkbox"/> Producer of baked goods, preserves,
maple syrup and/or honey |
| <input type="checkbox"/> Horticultural | |

Please list the items you plan to sell at the market: _____

I am licensed. I will be licensed by _____ (date). I do not need a license.

I have been inspected by the CT Dept. of Agriculture on _____ (date).

I submitted a Crop Plan to the CT Dept. of Agriculture on _____ (date).

Please check if any of the following describes your business practices:

certified organic By whom? _____ organic, uncertified

pesticide-free hormone and antibiotic-free meat and /or dairy non-organic

Intended participation (check all that apply):

- | | | | | | | |
|----------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> June 15 | <input type="checkbox"/> Jul 6 | <input type="checkbox"/> July 27 | <input type="checkbox"/> Aug 17 | <input type="checkbox"/> Sept 7 | <input type="checkbox"/> Sept 29 | <input type="checkbox"/> Oct 19 |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> Jul 13 | <input type="checkbox"/> Aug 3 | <input type="checkbox"/> Aug 24 | <input type="checkbox"/> Sept 14 | <input type="checkbox"/> Oct 5 | <input type="checkbox"/> Oct 26 |
| <input type="checkbox"/> June 29 | <input type="checkbox"/> Jul 20 | <input type="checkbox"/> Aug 10 | <input type="checkbox"/> Aug 31 | <input type="checkbox"/> Sept 21 | <input type="checkbox"/> Oct 12 | |

Do you need electricity? Yes No If yes, ___amps/volts required for _____

Insurance: Certificate of liability insurance **required**. Identifying the date(s) and location of the event per below. Dates June – October 2019, Saturdays 10 am – 1 pm. Location: Litchfield Center School, Route 202/West Street, Litchfield CT. Name as additional insured **BOTH** Litchfield Hills Farm-Fresh Market and Center Elementary School, Litchfield CT. The certificates can be mailed to our PO Box 607 or emailed to info@shc-ct.org

I understand my participation will be contingent on a satisfactory farm visit. By signing this application, I agree that, if accepted, I will abide by the rules, conditions and decisions of the Market.

Date: _____ Signature: _____ Please print name _____