



2010
Vendor
Application

- Full Member
- 1 site
- Associate Member
- per Diem
- 2 sites

Name: _____

Business: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tax & Permit Info (if applicable)

Sales tax # _____

Ag & Market permit # for plants or processed products: _____

Are you a New York State Farmers' Market Nutrition Program (FMNP) participant for 2010? Yes No N/A

Product Information: All products must be made or raised by the vendor.

Meats: Please list

Vegetables: Please list

Fruits: Please list

Dairy & Eggs:

- Milk
- Ice cream
- Eggs
- Yogurt
- Cheeses (types) _____

Value Added Products/Ornamentals:

- Baked goods
- Candies
- Cider
- Cut flowers
- Honey
- Gourds
- Herbs
- Jams/jellies
- Maple syrup
- Nuts
- Specialty sauces/dressings/mustards
- Tofu
- Herbal vinegars
- Wine
- Other _____

Plants:

- Bedding plants
 - Perennials
 - Other
- _____

Crafts: Please describe

Prepared Foods: Please list

