

EAST END FARMERS' MARKET VENDOR APPLICATION

CONTACT INFO:

Name: _____ Telephone: _____

Business Name: _____

Mailing Address:

Street: _____

City: _____ State: NY Zip Code: _____

Website: _____ Email address: _____

Full Member Associate Member

PRODUCT INFO: *(All products must be made/raised by the vendor)*

Meats: beef veal goat lamb poultry pork fish venison other: _____

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: _____

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 2009?
(Currently eligible to accept Farmers' Market Checks) Yes No

MARKET INFO:

Please indicate the weeks that you intend to vend at the market: _____

Will you require electricity? _____(A minimal electric surcharge will be charged.)

Please list the names of associate members whose products you intend to sell at your booth:

Please return form to: Cortland County Chamber of Commerce, 37 Church St., Cortland, NY 13045

Checks may be made out to Cortland County Chamber of Commerce.

Full Membership \$50 - Associate Membership \$20

I agree to follow all rules of the East End Farmers' Market and applicable State and Federal rules that apply to products that I sell.

Name _____ **Date:** _____