Date Received:

2008 /2009 Lamoille Valley Year Round Farmers Artisan Market

Interested VENDOR APPLICATION

3678 Mud City Loop
Morristown, VT 05661

Vendor Name ____

Business Name ____

Address ____

______________________________ E-mail ______________________________

Home Phone #______________________ Work Phone #______________________

I plan to sell the following items at the Market (circle all that apply): (Your welcome to send pictures.)

Produce/Fruit	Canned Foods	Pies/Breads	Art/Crafts
Clothing/Sewing	Cut Fresh / Dried Flowers	Ready to Serve Food	Meat, Eggs
Rugs/Woolens	Candy	Coop Table – Eggs or Berries	Jewelry
Syrup/Honey	Plants	Other______________________	

Describe briefly the products that you will be selling ____

____

>>

My annual vendor fee of $25.00 will be paid with application_____ or prior to set-up on the first visit to the Market. ____
My 6 month seasonal fee of $15.00 (Nov. 5th, 2008) for Winter_____ or (May 6th, 2009) for Summer____, or Holiday____

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

The market will collect **5%** of your gross sales each week to cover costs of building space, special events, market limited insurance, advertising and general market costs. Each week sales will be reported in the appropriate categories. Market manager will have available weekly layout and forms. Any customer delivered good at the market is considered a sale whether it was ordered elsewhere, bartered for, or other, if you want this venue to sustain, please be honest and accurate. *Thank you! Note: The use of the "Local Spoon" Kitchen or coop table has it's own application form. If interested in this opportunity, please ask manager or indicate now.* Yes, please send info via e-mail _______.

By signing this application, I agree that I have read and will abide by the Market Guidelines adopted by the LVYR Farmers Artisan Market members. All product and market display liability is covered by the individual vendor, and you release claim of the LVYRFAM body or the hosting building or hosting location in any way. You will notify the manager with updated information as it changes.

NAME (printed) ____

SIGNATURE ______________________________DATE ____________________

There are some ways you can help this market succeed. (*Circle)* Which are you willing to help with set-up, collect trash/recycling (market will pay for), parking/market sign placement, radio spots, manage outreach/events, or pick-up?
Other ____
Please bring your own table *(if not told differently*), we do have limited available & might be able to acquire more with time.
Preference: 8' table & chair; 6' table & chair, floor space, 4' shared table with chair. Other: ____________________
There is a possibility of outside space, adding more vendors. Would you prefer to be outside when possible? *Yes*______ *No*______
Do you need a power source? Yes _____ No______ Other needs?______________________________

Seasons:

Year Round (11/5—10/28)
Winter (11/5-4/29)
Summer (5/6-10/28)
Holiday '08 (11/5 – 12/31)

Please note that due to space limitation and product duplication, FAM reserves the right to set up any rotation necessary. Examples would be weekly, bi-weekly, once a month. *Thank you for understanding.*

Any days your unavailable ***please let manager know ASAP - 48 hours preferred. Disrespect of this policy will hurt the market. Policy is three emergencies and then violators will be asked to leave. Life does happen and we will try hard to remain flexible.***