

Holistic Farmers' Market Vendor Application 2022

Thank you for your interest in the Holistic Farmers' Market at The American Legion Post 185. The Market will run every Saturday 10:00 a.m. to 2:00 p.m., May 21st through October 22nd. Please see the "Guidelines for 2022" document for pricing.

Please refer to the "Guidelines for 2022" to understand the requirements needed for us to have a successful event.

Please read the guidelines carefully and complete the application fully. Use the back of the page if you need more room to write. Vendors must re-apply each year to express continued interest in participating. Your space is not guaranteed without a completed application and payment.

We are primarily a health and wellness market, but we welcome all local small businesses. We try our best to maintain diversity at our market. We are here to bring the community together and provide a place for all to have a good time and promote their business.

Please fill out the form below and return to the following address:

962 Overhill Drive, Suffield, CT 06078 or Email:

holisticfarmersmarket@gmail.com

Payment options: check, cash or Venmo (add \$2 service charge per week)



Scan this code to pay

Please make checks payable to: **Holistic Farmers' Market**

Payment must be received at least ONE WEEK before event.

Thank you and we look forward to seeing you there.

Vendor Application	
Applicant's Name	
Name of Farm, Business or Organization	
Address	
Phone Number	Email address
What dates will you be participating?	

Please sign the agreement below. Electronic submissions will be considered signed.

I have read and understand the rules guidelines for Vendors of the Holistic Farmers' Market at The American Legion Post 185. I agree that as a member of the market I must abide by these guidelines or I may be asked to leave.

Fee payment of \$_____ is enclosed. (Payable to Holistic Farmers' Market)

Signature of Applicant: _____

Date _____

Please write on the back, or include an additional sheet to give a **description of the product(s) offered**. **Non-Profits**, describe the **mission of your organization and your purpose for being at the market**. Also, include notes regarding **special requests for site assignments**, a **brief history of your business**, and other information to be used for publicity.

Office use:

Date _____ Ck # _____ Amt. _____ Ins. Cert. _____

Initials _____