# Meriden Farmers Market

## 2016 Season Application Form

## Specialty Food Vendors*

Organization Name _____

Summary of Products to be Sold _____

Applicant (Main Contact) Name _____

Mailing Address:

Street _____

City _____ State _____ Zip _____

Phone (Business) _____ Phone (Mobile) _____

E-mail Address _____ Web Site: _____

CT State Tax ID Number _____

**Please attach the following**
CT Sales & Use Tax Certificate
Certificate of Insurance

**Please check the following:**

☐ I certify that my food preparation facilities have been approved by a local Health Department, or a State of Connecticut agency.

I certify that all the information provided on this form, and all attachments, is true and accurate, and that all the items offered for sale have been created or produced in Connecticut by me, and/or my business:

_____ _____

(Signature) (Date)

*** *Specialty Food Vendors*** – Prepare products for sale at the Market in their own approved facilities, using food substantially produced, packaged and/or grown in Connecticut

Meriden Farmers Market: **www.MeridenFarmersMarket.org**

**The Meriden Farmers Market rents space for vendors and supplies a robust marketing effort. Vendors are responsible for adherence to all laws and regulations, and for providing insurance coverage appropriate to their products. At the market, all vendors must have their business name and prices prominently displayed and provide their own tables, chairs, and canopy. Other point of sale advertising is encouraged. This is a rain or shine market.**