

WESTMINSTER FARMERS' MARKET 2019

Farm/Business Name: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Web Site or Web Presence _____

List your website or another website such as localharvest.org or etsy.com in which you list your business

I EXPECT TO HAVE PRODUCTS TO SELL FROM: (Date) _____ TO _____

Initial _____ I have read and understand the Westminster Farmers' Market Rules and agree to abide by them.

Initial _____ I understand the regulations of the Westminster Board of Health and agree to abide by them. Initial _____ I have read and understand Massachusetts Sales Tax Laws and agree to abide by them.

Initial _____ I am interested in working with the Westminster Agricultural Commission's Market Day on the Westminster Library lawn during Westminster's Crackerfest, 3rd Saturday in October.

Check One:

Enclosed is my check payable to Westminster Farmer's Market in the amount of \$200.00 for a 2019 Annual Membership. (\$155 if attending vendor registration night)

I am joining as a per diem vendor and will pay \$15.00 for each day that I am present at the Westminster Farmers' Market until the annual fee has been paid.

Participation at the Westminster Farmers' Market can be terminated, without refund, for refusal to follow the rules of the Westminster Farmers' Market and the rules set forth by the Westminster Board of Health. The Westminster Board of Health governs all health and food regulations and has the final say in any disagreements regarding them.

Signed: _____ Date _____

All applications are subject to review by the Westminster Farmers' Market Jury

