

## WESTMINSTER FARMERS' MARKET 2018

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 on 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, 3<sup>rd</sup> Saturday in October.

Check One:

Enclosed is my check payable to Westminster Farmer's Market in the amount of \$200.00 for a 2018 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.

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 Committee. If your application is not accepted, your fee will be refunded in full.



