

Checklist to make sure your application is complete.

Application _____

Fee _____

Directions to your farm or production facility (a Google Map print-out works fine) _____

Commercial/Product Liability Insurance Certificate _____

Market Agreement (signed) _____

Growing Practices Certifications (if applicable ~ i.e. Organic, Biodynamic) _____

Food Handling License (if applicable) _____

Food Processing Certifications (if applicable) _____

Health Department Licenses/Permits/Certifications (if applicable) _____

Other Contractual Agreements (if applicable) _____

Short bio & photo of you or your farm for our website (please submit electronically)

CONTACT INFORMATION Vendor's Name: _____

Business Name: _____

Address: _____

City, State Zip: _____

County or Township: _____

Business Telephone: _____

Please circle the weeks you'll be involved

Additional Contact Telephone: _____

August week 1 2 3 4 September 1 2 3 4 5

Mobile: _____

Payment amount: _____

Email Address: _____ Website: _____

II. OTHER GENERAL INFORMATION Type of Business

(i.e. Sole Proprietor, Corporation, LLC, Partnership): _____

Vehicle Type (i.e. van, pickup): _____ Length: _____ # of Wheels: _____ Does vehicle have to be parked next to booth during the market? ____ Yes ____ No

Brand and size of canopy (or canopies) _____ (The manufacture's canopy fire-retardance documentation must be visible in or on your tent)

Other markets and direct marketing sales in which you participate: _____

Best day(s), time(s) and month(s) for a visit: _____

Location(s) where product(s) are grown/raised/made if different from address above:

***Please attach directions to your farm or location where your products are processed or prepared. You can link to or print a Google map with "2050 Western Avenue" as the starting point.

*** **Please attach a copy of licenses/permits, certifications or other contractual agreements pertinent to the products you want to sell at the market. ***

List name and contact information of other potential vendors that you recommend we contact to participate in the Guilderland Farmers Market:

III. PRODUCTS AND PRODUCTION PRACTICES Farmers & Growers: Check each category in which you plan to bring product to market: Fruits: __ Vegetables: __ Cut-Herbs: __ Cut-Flowers: __ Meat: __ Poultry: __ Seafood: __ Eggs: __ Dairy: __ Honey: __ Mushrooms: __ Bedding Plants/Flowers: __ Potted Herbs: __ Fiber: __ Other (please specify):

Which food assistance programs are you trained and equipped to accept directly from customers to purchase your products at the market? __ SNAP __ FMNP (WIC) __ SFMNP (Seniors) __ WIC FVC (Fruit & Veggie Checks) Total Acreage: _____ Cultivated Acreage: _____ (Please include leased acreage) Do you have any of these certifications, and, if so, how many acres are under certification? Certified Organic Food Alliance Certified "Sustainable"? Certified Biodynamic, Certified Naturally Grown, Good Agricultural Practices (GAP) Other Certification(s) Certified Acres Other Certifications: _____

***Please attach copies of any of the above certifications to your application.

*** Do you use Integrated Pest Management Practices (IPM)? ____ Yes ____ No

In the space below, please explain your growing practices and agricultural or other products used to enhance a) pest management, b) weed control, and c) soil amendments.

Do you grow and/or raise all products or ingredients that you plan to sell at the Guilderland Market? ____ If no, explain: _____

Producers (i.e., meat, fish, poultry, eggs, dairy): Are your animals pasture-raised? ____ Kept indoors? ____ Combination? ____

Please explain your pasture-based practices:

Do you use any feed additives or injectables to supplement the animals' normal diet? ____ If so, what do you use?

Do you use any hormones or antibiotics to maintain the animals' health? ____ If so, what do you use?

Are your ruminant animals grass-fed only? ____ If grain-fed/finished, how many weeks are they fed grain before slaughter? ____ Please describe your nutrition program and health-maintenance practices (for ruminants and non ruminants):

Where are your animals processed?

Processors & Prepared Food Vendors: (i.e., bakery goods, coffee, cheese, ciders, dairy products, jams and jellies, maple syrup, soap): Check the type of product that you plan to bring to the market: Breads & Baked Goods: ___ Cheese: ___ Coffee: ___ Jam & Jellies: ___ Ciders/Juice: ___ Maple Syrup: ___ Granola: ___ Soap: ___ Wine: ___ Adult Beverage: ___ Meats/fish/shellfish: ___ Hot or cold prepared foods: ___

Other (please specify): _____

List the major ingredients produced BY YOU that go into your products. If there aren't any, please explain:

List the farmers and/or growers who provide ingredients for the product(s) you are making.

If accepted, prepared food vendors must submit lists of ingredients (not recipes) for products to be sold at the market, and must provide these on customer request. For wine vendors, adult beverages, **You** must ask each customer to show proper age identification. Please attach your offsite permit to this application.

Will you be cooking foods at the market? No ___ Yes ___ If yes:

Method of cooking: _____

Fuel source: _____

Do you use a generator to run equipment for keeping foods at the proper temperature? No ___ Yes ___ If Yes, provide

Make & model _____ Engine size _____ Fuel type _____

***If you are required to have a health department permit license or safe food handling certificate, please attach a copy to the application.

IV. COMMERCIAL LIABILITY INSURANCE All authorized vendors participating in the Guilderland Farmers Market shall be individually and severally responsible to Guilderland Farmers Market llc (GFM) Star Plaza Inc. and the City of Guilderland (City) for any loss, personal injury, deaths, and/or any other damage that may occur as a result of the vendor's negligence or that of its servants, agents, and employees, and all vendors hereby agree to indemnify and save GFM and the City harmless from any loss, cost, damages, and other expenses, including attorney's fees, suffered or incurred by GFM and the City by reasons of the vendors' negligence or that of its servants, agents and employees; provided that the vendors shall not be responsible nor required to indemnify GFM and the City for negligence of GFM and the City, its directors, volunteers, servants, agents or employees. No insurance is provided by GFM to participants in the Market. All producers shall be required to carry the appropriate commercial liability insurance (\$500,000) and are required to name GFM and name Star Plaza as additional insured. Insurance Co.:

Note: Craft/Merchandise vendors that do not sell any food, and that are granted a waiver after they have certified that they are unincorporated small businesses for which the provision of Commercial General Liability insurance would impose an undue financial burden are not required to provide proof of Commercial General Liability insurance coverage. Wineries, microbrews, distilleries and cideries are additionally required to provide proof of liquor liability insurance with a policy limit of no less than \$1,000,000. The Vendor agrees to procure and maintain during the period covered by this agreement the following types of insurance: Commercial General Liability (CGL) \$1,000,000 Each Occurrence; \$2,000,000 General Aggregate.

Policy #: _____ ***Please attach a copy of the certificate to the application.***

VI. Fees and Payments must be made before the day of the market. Vendors who pay first will get first choice of location that will be managed by this market.

VII. MARKET AGREEMENT

I have read the Market Application, Market Rules, Procedures & Product Guidelines. If accepted into this Market, I hereby agree to abide by those rules. Further, I agree to sell at GFM only such items as those listed in the Market Application unless an additional request is granted by the GFM at a later date. I also acknowledge those products must be of my own production or produced at the location described in the Market Application. I acknowledge full responsibility for all my activities in the Market (and for those assisting me) throughout the Market Days.). I acknowledge the authority of the Market Manager and/or the GFM Board of Directors to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or removal from the Market, subject to appeal under the procedures set by NYS. I agree to allow the Market Manager, Board of Directors, representatives of GFM and/or County Extension Agent to inspect, at any time, the premises where the products offered for sale are produced. Failure to allow an inspection will constitute a violation. I understand that GFM does not carry any insurance policies to cover individual participants and that I am required to carry such insurance. I certify that the information contained in this application is true and accurate.

Business Name: _____

Vendor's Name(s): _____

Signature: _____ Date: _____