



2009 Membership Application

Name(s) _____ Home Phone _____
 Farm or Business _____ Cell Phone _____
 Address _____ Business Phone _____
 _____ Fax _____
 County _____ Website _____ E-mail _____

- Please list my farm or business on www.sullivancountyfarmersmarkets.org
- I am a member of Pride of New York

Indicate the market(s) you are interested in attending, circle the dates you will be in attendance and indicate the amount of space you would like to have. One stall is 12 feet in length. Half stalls (6 feet) and multiple stalls are available as space permits. All markets are held rain or shine. Weekly stall fees are listed below and are collected at the end of each month.

CALLICOON MARKET
Sundays
May 3 – November 29
 11am to 2pm
 Callicoon Creek Park
 Audley Dorrer Drive

May 3, 10, 17, 24, 31
 June 7, 14, 21, 28
 July 5, 12, 19, 26
 August 2, 9, 16, 23, 30
 September 6, 13, 20, 27
 October 4, 11, 18, 25
 November 1, 8, 15, 22, 29

Half Stall @ \$10 _____
 1 Stall @ \$20 _____
 2 Stalls @ \$35 _____
 3 Stalls @ \$50 _____
 4 Stalls @ \$65 _____
If your stall size will vary through the Season, give approximate dates.

LIBERTY MARKET
Fridays
May 8 – October 9
 3pm to 6pm
 Municipal Parking Lot
 Darbee Lane

May 8, 15, 22, 29
 June 5, 12, 19, 26
 July 3, 10, 17, 24, 31
 August 7, 14, 21, 28
 September 4, 11, 18, 25
 October 2, 9

Half Stall @ \$10 _____
 1 Stall @ \$20 _____
 2 Stalls @ \$35 _____
 3 Stalls @ \$50 _____
 4 Stalls @ \$65 _____
If your stall size will vary through the Season, give approximate dates.

ROSCOE MARKET
Sundays
May 10 – OCTOBER 11
 10am to 2pm
 Route 206 near
 Stewart Ave.

May 10, 17, 24, 31
 June 7, 14, 21, 28
 July 5, 12, 19, 26
 August 2, 9, 16, 23, 30
 September 6, 13, 20, 27
 October 4, 11

Half Stall @ \$10 _____
 1 Stall @ \$20 _____
 2 Stalls @ \$35 _____
 3 Stalls @ \$50 _____
 4 Stalls @ \$65 _____
If your stall size will vary through the Season, give approximate dates.

JEFFERSONVILLE MARKET
Thursdays
June 11 – September 24
 2pm – 6pm
 Main Street Parking Lot
 Route 52

June 11, 18, 25
 July 2, 9, 16, 23, 30
 August 6, 13, 20, 27
 September 3, 10, 17, 24

Half Stall @ \$8 _____
 1 Stall @ \$15 _____
 2 Stalls @ \$30 _____
 3 Stalls @ \$45 _____
 4 Stalls @ \$60 _____
If your stall size will vary through the Season, give approximate dates.

- Please send me an application for the 2009 Holiday Markets: Saturday, 12/5 in Liberty & Sunday, 12/6 in Callicoon

PLEASE NOTE THAT APPLICATIONS WILL BE REVIEWED ON WEDNESDAY APRIL 1. ALL APPLICATIONS ARE DUE TO THE CORNELL COOPERATIVE EXTENSION OFFICE BY MARCH 31.

MEMBERSHIP FEES AND VENDOR REQUIREMENTS

All vendors are required to join the Sullivan County Farmers’ Markets Association, pay applicable membership fees and stall deposits, submit a Certificate of Insurance as described below, provide copies of a Sales Tax Certificate (if applicable) and Kitchen Permits from the Board of Health or the Department of Agriculture and Markets, Nursery Permits, etc. (if applicable.)

Association membership fees are payable annually and must accompany the application. The fee is \$50 for those applying to attend one market and \$95 for those wishing to vend at two or more markets. *(Your check will be returned only if your application does not meet our requirements.)*

A stall deposit of \$40 is required from each vendor (regardless of the number of stalls occupied or markets attended) and must accompany this application. If you fail to notify the Market Manager two (2) hours prior to a market you are scheduled to attend, stall fees will be deducted from the deposit and an additional deposit will be collected. Unused deposits are credited to stall fees at the end of the season or refunded. *(Deposit will be returned if your application does not meet our requirements.)*

Stall fees (see page 1) are payable at the end of each month, or during the last market you attend each season.

A Certificate of Insurance for at least \$500,000 for general (premises and product) liability insurance naming Sullivan County Farmers’ Markets Association, Inc. as an additional insured must accompany this application. Insurance Company: _____

Attach a copy of your Sales Tax Certificate if you sell taxable items.
Sales tax #: _____

Attach a copy of all appropriate permits, certifications and licenses.

VENDOR COMPLIANCE AND INDEMNITY AGREEMENT

I (we) the undersigned, have read the Rules and Regulation of the SCFMA, Inc. and agree to abide by the rules and regulations.

I (we) further agree to operate my (our) stall in accordance with these rules and regulations and to pay all applicable fees as set forth in the rules and regulations. I (we) do understand that the stall fee, length of season and hours of operation are set in the rules and regulations, and I (we) will abide by them.

I (we) further understand the failure to comply with the rules and regulations of the SCFMA, Inc. could mean dismissal from the market.

As a vendor wishing to participate in the SCFMA markets located in Callicoon, Jeffersonville, Liberty and Roscoe, New York, I (we) agree to SAVE, HOLD HARMLESS AND INDEMNIFY SCFMA, Inc. and Cornell Cooperative Extension of Sullivan County, and the Town of Delaware (for the Callicoon market), Pilny & Pilny Partnership and the Village of Jeffersonville (for the Jeff market), and the Village of Liberty (for the Liberty market), and the Town of Rockland (for the Roscoe market) for any and all liability or responsibility pertaining to any damages to person or property on the site assigned to me (us) by the SCFMA, Inc. when such damages or liability arise out of acts of my (our) own, or my (our) employees or associates, located at such site.

Your Name (please print)

Signature

Date

Your Name (please print)

Signature

Date

Mail or Fax to:

Sullivan County Farmers’ Markets Association
c/o Cornell Cooperative Extension
64 Ferndale-Loomis Road
Liberty, NY 12754

Phone: 845 292 6180 ext. 115
Fax: 845 292 2154

Please make checks payable to Sullivan County Farmers’ Markets Association

Enclosure Checklist:

- _____ Completed Application
- \$_____ Membership Fee (\$50 or \$95)
- \$40.00 Stall Fee Deposit
- \$_____ Prepayment for Stall Fees (optional)
- _____ Copy of Certificate of Insurance
- _____ Copy of Sales Tax Certificate (if applicable)
- _____ Copy of application permit(s)
- _____ List of produce and products
- \$_____ TOTAL ENCLOSED

PRODUCE AND PRODUCTS YOU PLAN TO SELL

I am applying as Agricultural Producer Value-Added Producer Artisan/Craftsperson

List all products for consideration and indicate whether the items are grown or made by you or not (brokered). Please be specific. Include all types of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, animal and animal products, etc. Returning vendors, indicate in the column provided* if the item listed is new to your product line. **Brokered products cannot exceed 10% of your total**, and approval of brokered items depends on non-competition with vendor produced items. **Artisans must produce 100% of their products.**

Item	Grown	Brokered	*New Item	Approved

Please describe the vehicle(s) you will be using in each market (truck, van, car) giving length: _____

FARMERS’ MARKET NUTRITIONAL PROGRAM

- I am interested in participating in the Farmers’ Market Nutritional Program (FMNP) and will accept FMNP vouchers at the markets. *(Only produce growers are eligible).*
- I would like more information about FMNP.
- I would like an application for FMNP when they become available.