



Farmers' Market Application – 2010

Fridays, 12 noon to 6 PM, June 11-Oct 15, 2010 (19 weeks)

Type of participant:

Food/Farm/Grower _____ Non-Farm/Artisan _____ Educational or Performance _____

Type of participation:

Full season _____ (committing to participate for all 19 weeks the market is open).

Part-time vendor _____ please list dates you would like to participate (subject to approval)

Name _____

e-mail address _____

Business name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Cell** _____

Inventory List – Please list items to be offered:

Please note: All processed, cooked, packaged foods will require licensing. Please contact Beth Grossman, Hopkinton Department of Health, at 508-497-9725 or BethGRD@aol.com for details of the requirements. A 7-market day Hopkinton license is \$50; and full-season license is \$100.

Weston Nurseries will reimburse ½ the Hopkinton Board of Health license fee after:

The vendor has attended a minimum of 7 market dates with the 7-day license

The vendor has attended a minimum of 12 market dates with the full-season license.

Agreement to Participate in the Hopkinton Farmers’ Market at Weston Nurseries

I have read the rules for the Hopkinton Farmers’ Market at Weston Nurseries. I agree that I and my employees will follow them.

I agree to the fee of \$15 for a 12x12 booth space, or \$25 for two 12x12 spaces at each market I attend. (All for-profit vendors are subject to the booth fees. Non-profits who are selling any items for their organization’s benefit, including raffles, are required to pay booth fees.)

PRE PAYMENT DISCOUNT

I may **pre-pay** a minimum of 5 market dates at a rate of \$10 for a single booth space, \$20 for a double booth space. Upon acceptance of your application, cancellations and no shows are non- refundable. The market is open rain or shine. There are no refunds for inclement weather. *Only under severe weather conditions will the market close early or be cancelled.*

If you are unable to make your scheduled market day please notify Buffy Cave at 508-380-2612.

I agree to obtain licensing from the Hopkinton Department of Health if appropriate (see above)

Signature _____ Date _____

Please return application and payment for first day or 5 day pre-payment to:

**For produce/food to
craft/education/performance to**

Beth Mezitt
25 Phipps St
Hopkinton, MA 01748

For

Buffy Cave
15 Janebar Circle
Framingham, MA 01701

Please make all checks payable to Buffy Cave/Holistic Treasures

Questions?

Beth: bethm@westonnurseries.com
508-435-6335

Buffy: buffy@holistic-treasures.com
508-380-2612

Approval for dates and items to be sold as noted

Managers Signature _____ Date _____