**2017 Somersworth Farmers Market**

Every Monday starting June 5th- September 25th

*3-6pm Rain or Shine*

Goodwin Community Health

311 Route 108-Somersworth, NH 03878

**2017 APPLICATION FOR VENDOR SPACE**

**Farm/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ContactName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website/Facebook:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please briefly describe below the products you intend to sell**

**Applying for (choose one):**

***Seasonal Vendor Membership*** ($100 for 2017 Season ~ 17 Markets)

***Day Vendor Membership*** ($15/Day)

Date(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\****All fees will be returned if applicant is not accepted.***

**Certificate of Liability Insurance (COI)**

All applicants must submit a COI, which should list Goodwin Community Health as additionally insured and the General Liability limits need required are 1 million /2 million.

***Due by day of first Market.***

……………………………………………………………………………………………………………………………………………………………………….

**Agreement**

I have fully read and agree to abide by the enclosed 2017

Somersworth Farmers Market Rules and Regulations, including but not limited to, submitting the appropriate membership fees and Certificate of Insurance, and full willingness to accept SNAP Tokens and Incentives at the Somersworth Farmers Market.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE RETURN APPLICATIONS AND FEES TO MARKET MANAGER:***

Corinna Moskal

Goodwin Community Health

311 Route 108

Somersworth, NH 03878

Email: [cmoskal@goodwinch.org](mailto:cmoskal@goodwinch.org)

Phone: 603-944-6357

Fax: 603-953-0066

[www.scphn.org/somersworth-farmers-market/](http://www.scphn.org/somersworth-farmers-market/)

www.facebook.com/somersworth-farmers-market

Feel free to contact Corinna with any questions or concerns!