**2018 Somersworth Farmers Market**

Every Monday starting June 4th- September 24th

*3-6pm Rain or Shine*

Goodwin Community Health

311 Route 108-Somersworth, NH 03878

**2018 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*** (FREE for limited time!)

***Day Vendor Membership*** (FREE for limited time!)

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.***

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**Agreement**

I have fully read and agree to abide by the 2018 market rules on the scphn.org website

 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

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!