

# **Wolcott Area Farmers' Market 2016 Application**

Sponsored by the Wolcott Area Chamber of Commerce and the Wolcott Lions Club

Northup Park, New Hartford Street, Wolcott, NY

Thursdays, June 9 – October 6 at 2:30 – 6:00PM

Questions? Call or e-mail: [WolcottFarmersMarket@gmail.com](mailto:WolcottFarmersMarket@gmail.com)

Market Manager – Allen Tompkins - Tel: 315-729-7885

Vendor: \_\_\_\_\_  
Business Name

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

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Vehicle used on Market Day: \_\_\_\_\_ Size: \_\_\_\_\_ License# \_\_\_\_\_

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CHECK ONE: Farmer: \_\_\_\_\_ Gardener: \_\_\_\_\_ Artist/Crafter: \_\_\_\_\_ Prepared Food: \_\_\_\_\_ Other: \_\_\_\_\_

Items intending to sell:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost per space is **\$10.00 per week, payable each week**. If you wish to prepay for the entire 2016 season, June 9 – October 6, the cost is **\$125.00** per space, a \$55.00 savings. If you prepay the season, you will be guaranteed the same space each week for the season. Weekly fee payers will be assigned a space upon arrival each week. **Checks payable to the Wolcott Chamber of Commerce**. An application must be filled out and will be retained for our records. You will be notified upon approval. **Please send application to: Wolcott Chamber of Commerce, PO Box 132, Wolcott, NY 14590 Attn.: Market Manager. Please remit by June 1, 2016.**

**FARMERS:** We have applied to be a WIC and FMNP approved market this year. Farmers must also fill out the **CROP PLAN** and return with the application. We will submit to the Dept. of Ag and Markets in order for the Market to be WIC/FMNP approved. Thank you for your cooperation.

**CRAFTERS:** Please list the type of homemade items that you plan to sell. Crafters need a NYS Tax Certificate on display at the market, along with the insurance certificate.

**PREPARED FOOD VENDORS:** Please list the type of prepared foods that you intend to sell. Food vendors need a NYS Tax Certificate on display at the market and need to comply with NYS Dept. of Health regulations. Proof of certifications is required.

## **RULES:**

I have read the Wolcott Farmer's Market Rules and intend on abiding by these rules.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_