

ATTACHMENT 2

**FOOD/CRAFT VENDOR APPLICATION
2016 WESTAMPTON FARMERS' MARKET
PLEASE RETURN TO aepaulus@gmail.com**

Contact name:

Business name:

Business address:

Contact telephone number (normal business during the week):

Contact telephone number (pre-market day emergency):

Number of years in business: _____

Please describe the product(s) you would like to sell:

How are these products produced?

Percentage of materials used to make products sourced from NJ Farmers: _____ %

Have you sold these products at other farmer's markets, festivals, fairs, or events in the past?

Yes _____ No _____

If yes, please list (include dates):

PLEASE INITIAL ALL:

- * I have read and understand the vendor application: _____
- * I have read and understand the Westampton 2016 Farmers' Market rules: _____
- * I understand that if selected, I must receive and show proof of the appropriate insurance by June 1, 2016: _____
- * I understand that if selected, I am responsible for any and all applicable licenses, permits, and certifications by June 1, 2016: _____
- * I am authorized to submit this application on behalf of the business named in this application: _____

Signature: _____

For: _____

(Farm/Vendor)

Date: _____