



2020 Vendor Permit Application

Name: _____

Business: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

New Vendor Returning Vendor (since when _____)

Full Member per Diem

Tax & Permit Info (if applicable)

Sales tax # _____

Ag & Market permit # for plants or processed products: _____

Are you a New York State Farmers' Market Nutrition Program (FMNP) participant for 2020? Yes No N/A

Product Information: All products must be made or raised by the vendor.

Meats: Please list

Vegetables: Please list

Fruits: Please list

Dairy & Eggs:

- Milk
- Ice cream
- Eggs
- Yogurt
- Cheeses (types) _____

Plants:

- Bedding plants
 - Perennials
 - Other _____
- _____
- _____

Value-added Products/Ornamentals:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baked goods | <input type="checkbox"/> Gourds |
| <input type="checkbox"/> Candies | <input type="checkbox"/> Herbs |
| <input type="checkbox"/> Cider | <input type="checkbox"/> Jams/jellies |
| <input type="checkbox"/> Cut flowers | <input type="checkbox"/> Maple syrup |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Nuts |

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Specialty sauces, dressings, mustards | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Tofu | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Herbal vinegars | _____ |

Crafts: Please describe: **ONLY SOAP and HAND SANITIZER NON-FOOD VENDING ALLOWED** _____

Prepared Foods: Please list

Market Calendar: Below you'll find the tentative market calendar for 2020. This chart is used by our manager to get an overall snapshot of projected market attendance. Please help us with our preliminary planning by indicating **(x)** the weeks you intend to vend at the market. If you are unable to attend on a projected date, 48 hours' notice is required or a \$5 fee may be required before returning.

Saturdays, 9am – 12pm, in:					
June	6	13	20	27	
July	11	18	25		
August	1	8	15	22	28
September	5	12	19	26	
October	3	10	17	24	31
Wednesdays, 4pm – 7pm, in:					
June				24	
July	8	15	22	29	31
August	5	12			

Please sign this form and return it with payment to: **Homer Farmers' Market**
31 North Main Street
Homer, NY 13077

Checks may be made out to **Village of Homer**.

Full membership

All Membership fees waived for 2020 Season.

Per diem

I have read and agree to follow all rules of the Homer Farmers' Market and applicable State and Federal rules governing the products I sell.

Signature of applicant

date