

Sustainable Westford - Westford Farmers Market Health / Wellness & Other Visiting Vendors Application

Welcome Health / Wellness & Other Visiting Vendors!

Dates & Hours: Tuesday's 2:30 - Oct 26 (Fall - until Dusk)

Health & Wellness & Other Visiting Vendors are allowed 1 to 3 visits – evenly spaced throughout the season).

Please suggest dates:

1st	2nd	3rd

- You will be assigned a space the day of the market.
- \$25 Deposit required in advance to reserve space.
- All Fees must be Paid in Full in Advance. No Refunds for cancellations.
- Reschedule if cancelled due to rain however No Refunds will be given - No Exceptions.
 - Deposit will be used for your last week. However, the Deposit will be applied to a 'No Show' / Cancellation.
 - If you would like to be placed on a "Short notice - On Call List", check here _____
 - If you are interested in being a Demonstrator/Workshop Crafter, check here _____

Business Name

Contact Names

Address

Contact Info: (please "highlight" preference for info):

Home () -- _____
 Business () -- _____
 Cell () -- _____

Email

Website:

Fees and Space:

Space Size	Weekly Fee	3 x Season
12' x12'	\$25	\$75 /season

Misc. Information

'Booth Creep': Booths that tend to creep shall be charged \$3 per additional foot

Sustainable Westford - Westford Farmers Market Health / Wellness & Other Visiting Vendors Application

outside of allotted space.

•Rain Venue: In the event of rain, Farm Vendors will set up in the parking lot across the street at The First Parish Church, 48 Main St. Due to limited space, non-farm vendors will set up on a "1st come – 1st serve basis until all the spaces are taken unless other prior arrangements are made with the Market Manager. Effort will be made to adequately accommodate as many vendors as possible. However space is limited and safety is a priority. Visiting Vendors may need and want to reschedule due to rain.

1. Please describe the business / service that you want to sell / demonstrate:

2. How do you Plan to market yourself at the market? (Interactive- sing- signs - video - tent- table...?)

3. What type of products and items will you bring? Please List all Items made by you or that you intend to sell at the market:

4. What will you be selling? Your name/ business?

5. How does this relate to the Market?

Submit Application along with the items for review if applicable. (Contact Gloria Gilbert at the address below or call to make arrangements). Product(s) will be returned to you and you will be notified if accepted into the market.

Please Complete:

I understand that the Market Manager must receive and approve these items before acceptance into this market.

Completed and Signed Application

You have read, understood the Market Rules & Policy Agreement

Insurance Certificate showing General Liability Coverage

Deposit (Amount \$ _____)

I have read the Market Rules & Policies and agree to abide by them in the spirit of the Westford Farmers Market and recognize that failure to adhere to them may result in penalties including termination:

Signature of Owner:

Date: _____

Mail to: Westford Farmers Market
5 Cummings Road
Westford, MA 01886

For more info: www.WestfordarmersMarket.com Thank you for your interest.
Call Gloria Gilbert @ 978-392-1424 or e-mail gloria.gilbert6@verizon.net

Sustainable Westford - Westford Farmers Market Health / Wellness & Other Visitng Vendors Application

You will be notified if accepted into this market. ___ACCEPTED ___SPACE - TBD

Westford Farmers Market - 2010

Crafters / Health / Wellness

Visitng Vendor Application

Office only :

Application received on _____

Application complete _____

Category _____

Amount of money received _____ Ck # _____

Applied for BOH Permits, if needed _____

Application Approved : _____

Dates Assigned: