



# Victor Farmers' Market Application

Sponsored by:  
The Village of Victor  
60 East Main Street  
Victor, NY 14564

Wednesdays, June through October

Your Name(s): \_\_\_\_\_

\_\_\_\_\_

Farm or Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address where items for sale are grown, if different than above:

\_\_\_\_\_

Federal EIN# \_\_\_\_\_ - \_\_\_\_\_ NYS Sales Tax# \_\_\_\_\_

Check all that apply:

- I will be selling Locally grown produce, honey or flowers.
- I will be selling agriculturally/garden related products.
- I will be selling baked goods, home prepared products approved by the Department of Ag and Markets.\*  
**\*Attach NYS Health Department approval if required by law**
- I will be selling \_\_\_\_\_

**All vendors are required to describe and/or show all goods by photo.**

Please describe all the products that you have grown, produced or plan to sell at the market.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I am interested in participating in the Farmers' Market Nutritional Program (FMNP) and am willing to accept FMNP vouchers at the market, if approved.

It is the intention of the Victor Farmers' Market to have an ongoing selection of vendors represented at the market each week for the entire season. Acceptance in the market is based partially on your attendance of at least 75% of the market dates. Please identify the weeks that you plan to attend and sell your products.

June	July	August	September	October
3	1	5	2	7
10	8	12	9	14
17	15	19	16	21
24	22	26	23	28
	29		30	

The fee for the 2015 season is \$100.00

Four (4) double spaces will be available for 2015 with a fee of \$200.00.

Assignment of these spaces is based on first come first serve basis.

I am requesting a double space.

Please read the statement below and sign:

I acknowledge that, as a participating vendor at the Victor Farmers' Market, I promise to comply with the rules and requirements of the market. I understand that **75% of all products sold must be grown/produced by me** and that I may supplement other products up to 25% of my total product selection.

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

**Submission of this application does not guarantee a booth space at the Victor Market. Consideration will be contingent upon product, compliance and prior participation.**

**You will be notified, in writing, of your acceptance into the 2015 Victor Market.**

**Upon acceptance you will be required to submit payment and a Certificate of Insurance (requirements are on the following page).**

Mail completed applications by **April 3, 2015** to:

**Victor Farmers' Market  
Natalie Baris  
60 East Main Street  
Victor, New York 14564**

Questions regarding the market should be referred to the **Market Manager, Natalie Baris**, via email at: victorNYfarmmarket@gmail.com or by phone (or text) at 315-730-3981.

Upon acceptance into the Victor Market, **ALL** vendors are required to submit a Certificate of Insurance.

**Certificate of Insurance Must Be submitted Prior to the market start date.**

The following are the minimum insurance requirements that shall be provided by participating vendors in the weekly Farmers Markets sponsored by the Victor LDC and held in the Village of Victor:

Each vendor shall provide an ACORD 25, edition date 9/09 (or more recent) Certificate of Insurance to the Victor Local Development Corporation and the Village of Victor before being allowed to participate in the Farmers Market. The Certificate of Insurance must provide proof that the vendor has insurance in force for a period of one year, covering the period in which they will be participating in the Farmers Market. **The policy must name both the Village of Victor and the Victor Local Development Corporation as Additional Insured.**

The policy must provide vendors form Comprehensive General Liability coverage for Bodily Injury, Property Damage, Products & Completed Operations, Personal & Advertising Injury, Medical Payments and Fire Legal Liability. Certificate of Insurance must indicate 30 days notice of cancellation. Minimum limits for the coverages noted above are as follows:

Bodily Injury & Property Damage	(Each Occurrence)	\$1,000,000
	(Aggregate)	\$2,000,000
Medical Payments	(Each Person)	\$ 10,000
	(Each Accident)	\$ 25,000
Products & Completed Operations	(Each Occurrence)	\$1,000,000
	(Aggregate)	\$2,000,000
Fire Legal Liability	(Each Occurrence)	\$ 100,000
Personal/Advertising Injury	(Each Occurrence)	\$1,000,000
	(Aggregate)	\$2,000,000

Any vendor who has insurance cancelled or non-renewed during the Farmers Market season will not be allowed to attend the market until valid proof of reinstatement or a new valid Certificate of Insurance is provided.

**Vendors who have been selected will not be able to participate in the Victor Market without proof of insurance.**