



Merrimack Farmers' Market 2016 Vendor Application

Business/Farm Name: _____

Name of Owner/Contact Person: _____

Mailing Address: _____

Business Phone: _____ Other Phone: _____

Email: _____ Website: _____

May we use your business information for advertising purposes? Yes No

What type of products will you be selling (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Fruits/Vegetables | <input type="checkbox"/> Maple Products |
| <input type="checkbox"/> Herbs/Dry Goods | <input type="checkbox"/> Baked Goods |
| <input type="checkbox"/> Meats | <input type="checkbox"/> Jams/Jellies/Pickles |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Soaps/Candles |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Wool or Wool Products |
| <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Fresh or Dried Floral Products |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Live Plants/Trees |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Other _____ |

By signing this application, you agree to abide by all rules of the Market and agree to the terms of the Market. You agree to release and hold harmless from all liability the Town of Merrimack, Merrimack Farmers' Market and/or their agents for property being exhibited from any personal injury claims which might arise as a direct result of the vendor's property being exhibited.

This Market is covered by a limited liability insurance plan. This insurance does not cover product liability for individual vendors nor liability for personal and/or business related damages caused by your market set up and display.

I understand the individual product liability and liability for my market display is my responsibility. I do hereby release the Farmers' Market of Merrimack, its Manager, Board of Directors and the Town of Merrimack from liability due to my product(s) and/or market display.

I have read and agree to comply with the market rules of the Merrimack Farmers' Market.

Print Name

Signature

Date

Name of Business/Farm _____

Please mail to:
Town of Merrimack
Attn: Agricultural Commission Farmers' Market
6 Baboosic Lake Road
Merrimack, NH 03054

Checks should be made out
to: "Town of Merrimack"

Insurance Certificate Holder:
"Merrimack Farmers' Market"

(For Administrative Use Only)

- Application Received
- Fees Paid (Amount \$ _____)
- Proof of Insurance
- General Use Permit
- Commercial License

Method of Payment: _____

- Certified Scales
- Homestead License
- Organic Certification
- Other _____

Other License:

- Dairy
- Meats
- Eggs
- Shellfish