2016 Autumn Market Vendor Application Form

(The Autumn Market will be held at Buckland Shelburne Elementary School on Sunday, November 20th 11:00 – 3:00)

Please read and sign Rules and Regulations before filling out this form.

Farm Name/Business Name:
Owner(s):
Phone Number:
Address:
E-mail Address:
Website (optional):
Please list all products intended for vending (continue on back of form if necessary):
Each vendor will be assigned a roughly 10'X10' space. Please note if you will need more space.
Number of tables you will be bringing, and the size of each:
Would you like an outside space? ☐ Yes ☐ No If yes, would you like to set up: ☐ under the porch or ☐ under your own tent?
Please include a brief (400-word limit) description of yourself and what you will be offering at the market. We will use this to advertise our vendors on our website. In addition, you can include contact information (phone, email, website address, etc.) that you would like to be posted as well. Also we hope to be able to include 1 or 2 photos for each vendor. Please use the space below for your description and public contact information.
Description (limit 400 words)

Contact Information that you'd like publicly po	osted by the Shelburne Falls Farmers
Market, 2016	3
• email address	
• phone number	
• website	
• other	
- other	
Signatura	Date
Signature	Date

- Please include: a copy of your any documents you have, such as business license, ServSafe, local Board of Health permits
 - a signed copy of Rules and Regulations,
 - and a \$30 payment with this Vendor Form. **Payments should be** made out to *Shelburne Falls Farmers Market*. (If your application is not approved, your check will be returned to you.)

Mail to:

Shelburne Falls Farmers Market C/O Lisa Davenport 111 Tower Rd. Shelburne, MA 01370

Applications received by 11 November 2016 will be given priority.