

# Barrington, New Jersey Farmers Market

## Vendor Application

Company Name:

Representative Name:

Market Season Year:

Dates Planning to Attend:

Business Address:

Product(s) Being Sold:

Set Up Size:

Phone Number:

Email Address:

I certify that the information provided above is accurate and complete. I agree to comply with all Barrington Farmers Market rules, local health regulations, and applicable State of New Jersey requirements.

Authorized Signature: \_\_\_\_\_

Printed Name:

Date: