

# Hooksett Farmers Market Application

APPLICATION # \_\_\_\_\_

DATE \_\_\_\_\_

<b>Name:</b>	
<b>Business Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Website:</b>	

**Vendor Category (check only one):**

- Agricultural
- Prepared Food
- Handcrafted Articles
- Non-Profit Organization

**Display Type (check all that applies):**

- Truck
- Trailer
- Tent
- Table
- Other (please specify):

**Products to sell (please mark *all* products you plan to sell at the Hooksett Farmers' Market):**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Baked Goods</li> <li><input type="checkbox"/> Berries</li> <li><input type="checkbox"/> Cheese</li> <li><input type="checkbox"/> Eggs</li> <li><input type="checkbox"/> Flowers</li> <li><input type="checkbox"/> Fruit</li> <li><input type="checkbox"/> Herbs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Honey</li> <li><input type="checkbox"/> Meats</li> <li><input type="checkbox"/> Preserves</li> <li><input type="checkbox"/> Seafood</li> <li><input type="checkbox"/> Syrup</li> <li><input type="checkbox"/> Vegetables</li> <li><input type="checkbox"/> Other (please specify):</li> </ul> |
|--|---|

**Market Attendance Schedule (please mark which dates below you will attend. If you plan to attend all the markets this season, mark **Whole Season**):**

<input type="checkbox"/> June 18	<input type="checkbox"/> July 16	<input type="checkbox"/> August 20	<input type="checkbox"/> September 17
<input type="checkbox"/> Whole Season			

**Fees (make checks payable to Hooksett Farmers' Market)**

# of days attending \_\_\_\_ X \$15.00 = \$ \_\_\_\_

Application Fee: **+\$15**

Total amount with application: \$ \_\_\_\_

## Rules & Health Statement

I certify that I am 18 years of age or older and have thoroughly read and understand both this application and the Hooksett Farmers' Market guidelines. If accepted into this Market, I hereby agree to abide by the said guidelines. Further, I agree to sell at the Hooksett Farmers' Market only such items as those listed on this Application unless an additional request is granted by the Hooksett Farmers' Market at a later date. I also acknowledge application does not guarantee acceptance to sell all products listed within, that the saleable products are determined by the Committee, and that those products must be of my own production.

I also certify that any chemicals used in the production of the produce I grew were used in accordance with current label instructions (if applicable). Processed foods such as jam, jelly, preserves or baked goods shall conform to New Hampshire Labeling Laws and Sanitary Code. (Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-2714589). Vendors selling by weight shall use certified scales; this is the responsibility of the vendor. (Bureau of Weights and Measures, 603-271-3700)

## Indemnification and Release of Liability

The undersigned hereby agrees to release and hold harmless from all liability the Hooksett Farmers' Market for the property being exhibited and from personal injury claims which might arise in direct result of the vendor's property being exhibited and the vendor's participation in the Market. Vendor hereby waives, releases, and discharges any and all claims for personal injury, death, or property damages which it may have or which may hereafter accrue as a result of its activity at the Hooksett Farmers' Market.

**Please attach proof of product liability insurance** – a minimum of \$1,000,000 liability coverage along with the Hooksett Community Center being listed as an Additional Insured to your policy. This must be provided one week prior to the first market.

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Submit Application, Proof of Insurance and Payment to:

Hooksett Community Center  
Atty: Hooksett Farmers' Market  
412 West River Road, Unit 10  
Hooksett, NH 03106