

Wilmot Farmers Market 2025 - Application & Liability Waiver Form

Mail this completed application **with non-refundable \$15 fee** (payable to Wilmot Farmers Market):

Wilmot Farmers Market, c/o Adele Moffatt, 220 Tewksbury Rd, Wilmot NH 03287-2100

The Wilmot Farmers Market is held rain or shine, regardless of weather conditions.

Your Name (s)			
Your Business or Farm Name	_____ Check here if this is a registered Non-Profit Organization		
Mailing Address			
City, State, Zip			
Business Physical Address if different			
Email address	Do you wish to have your email listed on WFM website? _____ Yes _____ No Email address: _____		
Web Site Address	Do you wish to have your website listed on WFM website? _____ Yes _____ No Website address: _____		
Facebook	Do you wish to have your Facebook page on WFM website? _____ Yes _____ No www.facebook.com/		
Phone Number	Do you wish to have your phone number listed on WFM website? _____ Yes _____ No Phone number: _____		
List ALL products you request to sell			
	attach additional list as needed		
Check which dates you will attend	June 14 _____ June 21 _____ June 28 _____	July 05 _____ July 12 _____ July 19 _____ July 26 _____	Aug 02 _____ Aug 09 _____ Aug 16 _____ Aug 23 _____ Aug 30 _____
			Sept 06 _____ Sept 13 _____ Sept 20 _____ Sept 27 _____
	Total number of dates _____		
Full-time vendor 10' by 10' space	You have checked 12 or more dates above. Your fee is \$140. <i>Early bird discount is \$120 if paid on or before April 1, 2025.</i> Full-time vendors that miss more than 4 markets during the 16-week season, which runs June 21-September 27, put their priority status at risk.		
Part-time vendor 10' by 10' space	If you have checked 11 or less dates above, your fee is \$20/per week for the first 6 markets. After 6 markets, the fee is to \$15/market with a season maximum of \$150.		

Acceptance of Rules & Health Guidelines

I certify that I am 18 years of age or older and have read and understand the Application, the Information, Guidelines, and the By-Laws which are available online at WilmotFarmersMarket.com. If accepted into this Market, I agree to abide by said rules, procedures, and guidelines. Further, I agree to sell only such items that I have produced and only those listed on this application unless granted by the WFM at a later date through an additional written request. I also acknowledge that all of my products stated in application may not be accepted and that salable products are determined by the Board.

I also certify that any chemicals used in the production of the produce I grow were used in accordance with the current label instructions (if applicable). Processed food such as jam, jelly, preserves, or baked goods shall conform to the New Hampshire Labeling Laws and Sanitary Code. (Bureau of Consumer Protection, Division of Public Health, Concord, NH 603-271-4589) 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 Town of Wilmot and The Wilmot Farmers Market for property being exhibited and from any personal injury claims that might arise as a direct result of the vendor's property being exhibited on the Wilmot Town Green and vendor's participation in the Market. Vendor hereby waives, releases, and discharges any and all claims for damages: for personal injury, death, or property damages that may have occurred, or which may have accrued as a result of activity at the Wilmot Farmers Market.

!! IMPORTANT !!

Your signature below denotes your acceptance of the terms set forth in this application.

Print Name: _____ Signature: _____ Date: _____

Wilmot Farmers Market Use ONLY	Date Received	Date Of Decision
Notes:	Date Vendor Notified	___ Approved ___ Not Approved