

The Downtown Farmer's Market
c/o Intown Manchester
PO Box 659
Manchester, NH 03105-0659
603 645-6285

APPLICATION FOR 2010 MEMBERSHIP

1. Name and address of farm or business:

2. Name and address of owner(s):

Farm website address: _____

3. Telephone: Day _____ Evening _____ email _____

4. Type of vendor (check only one) _____ Agriculture _____ Prepared food

5. Number of acres in planted crops _____

6. The Downtown Farmer's Market generally operates from the third Thursday in June to the third Thursday in October. Please identify the approximate dates you anticipate participating in the market on the attached 2010 Market Attendance Schedule.

7. Items to be submitted with this Application are listed below:

- a. Insurance certificate (vendors must carry their own Commercial General Liability policy of at least \$500,000, with both **The City of Manchester** and **Intown Manchester** named as "**additional insured**")
- b. Membership fee of \$30.00 made payable to **Intown Manchester Farmer's Market**.

8. Identify the products you would bring to the market:

- | | | |
|--------------------------------|-----------------------------|------------------|
| ____Vegetables | ____Strawberries | ____Apples |
| ____Certified Organic Products | ____Jams & Jellies | ____Peaches |
| ____Herbs | ____Maple Syrup | ____Soaps |
| ____Cut Flowers | ____Honey | ____Meat or Fish |
| ____Dried Flowers | ____Bread & Bakery Products | ____Eggs |
| ____Blueberries | ____Cheese | ____Other |
| ____Raspberries | ____Pickles | _____ |

As a member of the Manchester Downtown Farmer's Market, I have read all by-laws, rules and regulations of said market and hereby agree to follow read all by-laws, rules and regulations, including selling only New Hampshire produce and products.

Vendor Signature

Date