



Rock Hill Farmers Market
2023 Vendor Application

Name(s): _____

Farm or Business Name: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

Business Phone: _____ E-mail: _____

Website: _____

Rock Hill Farmers Market Dates of operation:

- Please check each date you plan on participating
- Saturdays 10am-1pm

June 3rd _____

Aug 5th _____

June 10th _____

Aug 12th _____

June 17th _____

Aug 19th _____

June 24th _____

Aug 26th _____

July 1st _____

Sep 2nd _____

July 8th _____

Sep 9th _____

July 15th _____

Sept 23rd _____

July 22nd _____

Sep 30th _____

July 29th _____

*The Rock Hill Farmers Market will be held rain or shine

*Please call ahead if you need to cancel your space on a given date 845-397-0376

*RH Farmers' Market reserves the right to allow a *limited* number of Specialty Vendors (see Rules & Regs) who produce and sell their own products/goods

Stall Requirements: Stalls are 10' x 10' _____ (12' x 12' upon request to Market Manager): _____

Market Agreement

I have read the vendor application and the Rock Hill Farmers Markets Rules and Regulations. If accepted into this market, I hereby agree to abide by the Rules and Regulations adopted by the Rock Hill Farmers Market (RHFM). I agree to sell only those items listed in the Vendor application form unless an additional request is granted by the Market Manager at a later date. I acknowledge full responsibility for all my actions and activities in the Market (and those assisting me) throughout the term of this season’s market (June 3rd- September 30th). I acknowledge the authority of the Market Manager to settle any disputes regarding product legitimacy; procedural and vendor conduct violations, and impose any penalties including possible suspension or removal from the market. I agree to allow the Market Manager or representatives from the Rock Hill Farmers Market committee to inspect with proper notice the premises where the products offered for sale are produced.

I certify that the information contained in this application is true and accurate.

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____

Indemnity Agreement

As a vendor I (we) agree to release, indemnify and hold harmless the Rock Hill Farmers Market, the Rock Hill Business and Community Association, GottLand, and each of their respective trustees, members, officers, directors, employees and representatives, from and against any and all matters, things, injuries, damage, cost, losses, liabilities, expenses, and claims arising out of, relating to, or with respect to the Rock Hill Farmers Market whether any such injury, damage, etc. is to person or property.

Accepted and Agreed to:

Business Name: _____

Vendors Name: _____

Signature: _____ Date: _____

Mail To:
Rock Hill Farmers Market
Attn. Market Manager
PO Box 280
Rock Hill NY, 12775

- Enclosure Checklist:**
- _____ Completed Application
 - \$_____ Membership fee (\$50) **OR**
 - \$_____ Discount Pre-pay of SEASON stall fees \$275 (optional)
 - _____ Copy of Certificate of Insurance
 - _____ Copy of Sales Tax Certificate (if applicable)
 - _____ Copy of Application permits (if applicable)
 - _____ List of Products and produce
 - \$_____ TOTAL ENCLOSED**

Please make checks payable to: **Rock Hill Business & Community Association**

