



**Rock Hill Farmers Market
2024 Pop Up Artist Application**

LOCATION: 96 Lake Louise Marie Rd., Rock Hill, **NY** 12775

Name(s): _____

Business Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Website: _____

Rock Hill Farmers Market Dates of operation:

Please check each date you plan on participating. **Up to 2 Days.** Markets are on Saturdays 10am-1pm.

June 1 st _____	July 6 th _____	Aug 3 rd _____	Sep 7 th _____
June 8 th _____	July 13 th _____	Aug 10 th _____	Sep 14 th _____
June 15 th _____	July 20 th _____	Aug 17 th _____	Sep 7 th _____
June 22 nd _____	July 27 th _____	Aug 24 th _____	Sep 21 st _____
June 29 th _____		Aug 31 st _____	Sep 28 th _____

The Rock Hill Farmers Market will be held rain or shine. Please call ahead if you need to cancel your space.

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

Artists are responsible for bringing their own tent and table.

Do you need to work out of your vehicle? Yes ___ No ___. If yes, what type of vehicle? _____

All artists wishing to participate in the Rock Hill Farmers Market must pay a stall fee of \$20.

Describe Artwork you will sell at the market:

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 1st- September 28th). 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: _____

CERTIFICATE OF INSURANCE: Commercial General Liability (CGL), including contractual, independent contractors, personal & advertising injury, and products/completed operations \$1,000,000 occurrence/\$2,000,000 aggregate naming the **Rock Hill Business & Community Association, PO Box 280, Rock Hill, NY 12775 as an additionally insured must accompany this application.**

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, Rock Hill Ambulance Corps, 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: _____

Vendor Name: _____

Signature: _____ Date: _____