

Rock Hill Farmers Market 2024 Pop Up Artist Application NEW LOCATION: 61 Glen Wild Rd., Rock Hill, NY 12775 (RH Fire Dept)

pusifiess Marine: _				
Address:				
Town:			State:Zip Code:	
Home Phone:	ne Phone: Business Phone:			
E-mail:	Website:			
	Market Dates of op date you plan on pa		re 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 Farr	ners Market will be l	held rain or shine. Plea	se call ahead if you need to cancel your spa	ace.
			on request to Market Manager):	

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 Agreeme	nt				
<u>ividiket Agreeme</u>	<u>m</u>				
I have read the vendor application and the Rock Hill Farmers Market market, I hereby agree to abide by the Rules and Regulations adopted to sell only those items listed in the Vendor application form unless a Manager at a later date. I acknowledge full responsibility for all my a assisting me) throughout the term of this season's market (June 1st. Market Manager to settle any disputes regarding product legitimacy impose any penalties including possible suspension or removal from representatives from the Rock Hill Farmers Market committee to insproducts offered for sale are produced.	ed by the Rock Hill Farmers Market (RHFM). I agree an additional request is granted by the Market actions and activities in the Market (and those September 28 th). I acknowledge the authority of the ty; procedural and vendor conduct violations, and the market. I agree to allow the Market Manager or				
I certify that the information contained in this application is true and	d accurate.				
Business Name:					
Vendors Name:					
Signature:					
Certificate of Insurance: Commercial General Liability (CGL), including advertising injury, and products/completed operations \$1,000,000 Rock Hill Business & Community Association, PO Box 280, Rock Hill, I this application. Indemnity Agreement	00 occurrence/\$2,000,000 aggregate naming the				
As a vendor I (we) agree to release, indemnify and hold harmless the and Community Association, and each of their respective trustees, m representatives, from and against any and all matters, things, injurie claims arising out of, relating to, or with respect to the Rock Hill Farn is to person or property.	nembers, officers, directors, employees and es, damage, cost, losses, liabilities, expenses, and				
Accepted and Agreed to:					
Business Name:					
Vendor Name:					
Signature:	Date:				