



Rock Hill Farmers Market 2024 Vendor Application

Name(s): _____

Farm or 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. Markets are on Saturdays from 10am-1pm.

June 1st _____ July 6th _____ Aug 3rd _____ Sep 7th _____

June 8th _____ July 13th _____ Aug 10th _____ Sep 14th _____

June 15th _____ July 20th _____ Aug 17th _____ Sep 17th _____

June 22nd _____ July 27th _____ Aug 24th _____ Sep 21st _____

June 29th _____ Aug 31st _____ Sep 28th _____

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): _____

Please describe the vehicle, if any, you would like to be using (truck/car/van) and its length.

Make and Model

Size

License

ALL APPLICATIONS ARE DUE BY April 1st 2024

Membership Fees and Vendor Requirements

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.

All vendors wishing to participate in the Rock Hill Farmers Market must pay membership fees, stall deposits, submit a copy of the Certificate of Insurance, provide copies of sales Tax certificate (if applicable) and Kitchen permits from the NYS Board of Health or the Department of Agriculture and Markets (if applicable).

Membership Fees: Are to accompany the application. The membership fee is \$50. Please make check payable to the **Rock Hill Business and Community Association**. (Your check will be returned if your application does not meet our requirements. Please refer to Rules and Regulations.) **The \$50 Membership Fee is NON-REFUNDABLE.** The \$50 membership fee may be waived for a one time pop up vendor.

Stall Fee: Is due each market day that you participate. The stall fee is \$20 and is collected by the Market Manager before the close of the market.

Pre-Pay Discount: If vendors pay in full for the market season a discounted rate will be given at \$275 for the entire season. This will include all stall fees for the season **and** the membership fee.

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** as an additionally insured must accompany this application.

Sales Tax: Copy of your Sales Tax Certificate (if applicable)

Other: Any permits, licenses or certificates that are required of you need to be copied and attached with your application.

Farmers Market Incentive Programs:

To Learn More about each program below visit www.sullivancatskillsfarmersmarkets.com/use-currencies

_____ I would like to participate in the Farmers Market Nutritional Program (FMNP). Only produce growers are eligible. Must be registered with NYSDAM to participate. <https://agriculture.ny.gov/farming/selling-products-farmers-market>

_____ I would like to participate in the SNAP program (includes the Fresh Connect program). Vendor must sign separate agreement with Market Manager. Market Manager will send you the agreement if you are interested. Market Manager will send you the agreement and more information if interested.

_____ I would like to participate in the Fresh Rx Program. Vendor must sign separate agreement with Market Manager. Market Manager will send you the agreement and more information if you are interested.

If you have any questions or need additional information, please contact:

Melinda Meddaugh, Rock Hill Farmer's Market
845-397-0376
rhfarmersmarket@gmail.com

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 31st). 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

Produce and Products you would like to sell:

I am applying as Agricultural Producer Value-Added Producer/Specialty Vendor

Please be specific and list all items for consideration. Indicate whether the items are grown or made by you or not (brokered). List all types of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, animals and animal products, etc. Produce and products not produced by you (brokered) cannot exceed 25% of your total. Value-added products not produced by you (brokered) may not exceed 10%.

Item	Grown	Brokered	Approved

Notes/Comments: _____
