



**Rock Hill Farmers Market  
2025 Pop Up Artist Application**

**NEW LOCATION:** 61 Glen Wild Rd., Rock Hill, NY 12775 (RH Fire Dept)

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. Markets are on Saturdays 10am-1pm.

June 7 <sup>th</sup> _____	July 5 <sup>th</sup> _____	Aug 2 <sup>nd</sup> _____	Sep 6 <sup>th</sup> _____
June 14 <sup>th</sup> _____	July 12 <sup>th</sup> _____	Aug 9 <sup>th</sup> _____	Sep 13 <sup>th</sup> _____
June 21 <sup>st</sup> _____	July 19 <sup>th</sup> _____	Aug 16 <sup>th</sup> _____	Sep 20 <sup>th</sup> _____
June 28 <sup>th</sup> _____	July 26 <sup>th</sup> _____	Aug 23 <sup>rd</sup> _____	Sep 27 <sup>th</sup> _____
		Aug 30 <sup>th</sup> _____	

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:**

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**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 7<sup>th</sup>- September 27<sup>th</sup>). 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 additional insureds 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, 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: \_\_\_\_\_