



Post Office Box 1434, Pine Bush, New York 12566
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2010 Producer Application

Farmer/Producer Information

First Name _____ Last Name _____

Farm/Business Name _____

Address _____ City _____

County _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Address of farm, kitchen or other facility (*if different from above*):

Number of acres in production _____

The 2010 Market season is Saturday, May 22 through Saturday, October 16, 9 am to 1:30 pm. Producers are expected to participate in the market or the full season (*see attached Rules and Regulations*). Please indicate if there are specific 2010 dates you know you will not be able to participate in the market (*Notes: There are no refunds or credit for missed days. Another vendor may be allowed to use your space on days you do not attend the market*) _____

Producers are responsible for obtaining and maintaining all applicable certifications and permits.

Do you intend to sell raw products (fruits, vegetables)? yes no

Do you intend to sell value-added products (breads, jams, etc...)? yes no

Do you prepare your products in a state-approved commercial kitchen? yes no

If yes, attach a copy of your commercial kitchen license.

Do you prepare your products in a state-approved home kitchen? yes no

If yes, attach a copy of your home kitchen certification.

Sales tax number _____ (*attach copy of sales tax certificate if you sell taxable items*)

Insurance Company _____ (*attach copy of certificate of insurance*)

_____ I am interested in participating in the Farmers Market Nutrition Program (FMNP) and am willing to accept FMNP vouchers at market, if approved.

_____ I would like more information about FMNP

_____ I would like an application for FMNP (*which will be sent when available*)

A space measures 11' by 11'. Please indicate how many spaces you are requesting _____

Please describe the vehicle you will be using (truck, car, van) and approximate length:

Applicant Statement

I HAVE READ, I UNDERSTAND AND I AGREE to abide by the Rules and Regulations of the Pine Bush Farmers Market; TO TAKE RESPONSIBILITY FOR AND ATTACH WITH THIS APPLICATION COPIES OF MY OWN PRODUCT AND VEHICLE LIABILITY INSURANCE; TO OBTAIN any and all required PERMITS and LICENSES; TO ASSIST in the inspection of my farm, market garden, and/or kitchen by agents of the Pine Bush Farmers Market; TO SELL only agricultural products produced on my farm, unless granted allowances from the Market Manager. If I produce value-added products, I will use ingredients harvested by myself or purchased from local growers, where possible. I FURTHER AGREE NOT to hold the Pine Bush Farmers Market or its representatives and employees responsible for any damages rising out of the sales of my products or from my presence on the Market site, and I agree to pay my fees in a timely manner.

Signed _____ Date _____

Please mail completed application and all requested documentation to:

Pine Bush Farmers' Market
P.O. Box 1434
Pine Bush, NY 12566.