



P.O. Box 1434, Pine Bush, NY 12566 • (845) 978-0273 • pinebushmarket@yahoo.com • www.pinebushfarmersmarket.com

2010 Artist Application

Artist Information

First Name _____ Last Name _____
Business Name _____
Address _____ City _____
County _____ State _____ Zip Code _____
Phone _____ Fax _____ E-mail _____

The 2010 Market season is Saturday, May 22 through Saturday, October 16, 9 am to 1:30 pm. Artists are invited to request dates on a first-come, first-served basis for the 2010 season, and to pay a flat rate of \$10 per market. Regular market vendors have discussed having several artists during special days.

Dates Requested _____

The Pine Bush Farmers Market is a **Producer-Only market**. Persons who actually produce the products for sale such as fruits, vegetables, plants, herbs, flowers, eggs, baked goods, jellies, jams, honey and/or other products are eligible to sell at the Pine Bush Farmers Market. This producer-only rule and commitment to high-quality, locally produced items also applies to artists. For example, the artists featured in past market seasons have produced such art as hand-woven baskets, hand-made soaps, individually crafted pottery and homemade candles.

All artists and vendors are responsible for obtaining and maintaining all applicable certifications and permits.

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

Insurance Company _____ (Attach copy of certificate of insurance)

A vendor 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:

ART PRODUCTS YOU PRODUCE AND WOULD LIKE TO SELL. List all items for consideration (*be specific*)

Applicant Statement

I HAVE READ, UNDERSTAND AND AGREE to abide by the Rules and Regulations of the Pine Bush Farmers Market (*attached*); 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 (*where applicable*); 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 application to: Pine Bush Farmers Market, P.O. Box 1434, Pine Bush, NY 12566.