

Town of Greenfield Historical Society

Greenfield Farmers Market Vendor Application

(All applications will be reviewed and approved by the Farmers Market Committee)

Name:			
Name of Business:			
Do you have the proper certifications to (please attach a copy of inspection certi	_		o Don't Know
Do you carry your own insurance (circle	e one): YES	NO	
Address:			
City:	State:	Zip:	
Phone Number:			
E-Mail:	Website:		
I would like to sell the following items (the committee has the right to reject inc			-
I will be able to attend the following ma	rkets (please circ	le all that you will atte	end):
6/25 7/2 7/9 7/16 7/23 7/36	0 8/6 8/13	3 8/20 8/27 9/3	3
Please return to: The Town of Greenfield H	<u>-</u> .	•	

Middle Grove, New York, 12850 or e-mail to mkd67@aol.com. Application should be received before April1, 2010 to be considered for the market.

Vendors are responsible for complying with all local, state and federal regulations that apply to their products.