

Dorset Farmer's Market Winter 2010-2011 Application
October 17th-February 20th

Name _____

Name of Business _____

Address _____

Phone Number _____ Email _____

Please Indicate your Preference for Notification _____

Website address (if you have one): _____

Would you like a link to your website listed on the DFM website? _____

Items to be sold (please be descriptive and list everything)

Payment of Space Fees must be made by the first market of the season for seasonal payment. For daily payment, fees must be received by the end of each day. Indicate if you plan to pay:

_____ Season Rate (\$200.00) _____ Weekly Rate (\$20.00)

_____ Half-Season Rate (\$100.00) (October 18th through December 13th) or
(December 20th through February 21st)

List the dates that you plan to attend _____

Please List any dates that you cannot attend _____

Do you need electricity? ____ Yes ____ No

Do you have any other special needs? ____ Yes ____ No

If yes, please describe: _____

If you sign up to participate regularly we will do our best to have a regular space for you, non-regular vendors cannot be guaranteed the same space each time.

****Please carefully read the market rules and sign the agreement below.**

I agree to follow all of the enclosed listed market rules and all applicable state regulations. I understand that if any of my products are questionable, the market reserves the right to review the product/s and to visit my business location.

Signature: _____ Date: _____