



# ABFM 2017 Vendor Application

**The 2017 Acton-Boxborough Farmers Market will run Sundays, June 11–October 22, 10am–1pm.**

Business Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Staff Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

May we put a link to your site on the ABFM website?  Yes  No

Please tell us a bit about your business. If you are a produce vendor, please attach a plot plan to this application. Do you currently sell, or plan to sell, at other farmers markets? If so, where?

\_\_\_\_\_  
 \_\_\_\_\_

## VENDOR PARTICIPATION

Do you want to participate as a:  Seasonal Vendor  Alternate-Week Vendor  Per-Diem Vendor  
 Fees (for a 10' x 10' stall space): \$200 + \$120/season + \$20/day +  
 \$100 Compliance Fee\* \$100 Compliance Fee\* \$100 Compliance Fee\*

### Per-diem Vendors:

Are there specific dates on which you want to participate? Please list: \_\_\_\_\_

### All Vendors:

Are there any dates on which you would not be able to participate during the ABFM season? (Each Vendor is allowed one excused absence.) If so, please list:

\_\_\_\_\_

Do you accept Massachusetts Farmers' Market Nutrition Program coupons (WIC)?  Yes  No  
 Do you require a vehicle parked at your stall?\* What kind would you bring to market?  Car  Van  Truck  
 The ABFM is a rain-or-shine market; will that be a problem for you?  Yes  No  
 The ABFM does not supply electricity to vendors; will that be a problem for you?  Yes  No  
 Would you be available to participate as a last-minute fill-in Vendor in the event of another Vendor's cancellation?  
 We would provide you as much advance notice as possible.  Yes  No

If yes, what is the best way to contact you? \_\_\_\_\_

\* Please see the 2017 ABFM Rules of Operation for details.

## FOR ABFM USE ONLY:

Date application received: \_\_\_\_\_ Fee enclosed: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

<input type="checkbox"/> Vendor App.	Letter (accept/deny) sent: <input type="checkbox"/>	Comments: _____	Vendor fee \$ _____
<input type="checkbox"/> Vendor Contract	Health Dept. Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Penalty fee \$ _____
<input type="checkbox"/> Plot Plan	Cert. of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Fees applied or taken \$ _____
<input type="checkbox"/> Final Letter Sent			



## ABFM 2017 Vendor Application (cont'd.)

Formal Vendor application review and selection for the ABFM 2017 season will begin on March 31. To apply to become a Vendor for the ABFM 2017 season, please read the ABFM 2017 Rules of Operation. Once you've done that, please download, complete, and/or submit the following:

- a completed ABFM 2017 Vendor Application; be sure to sign, below
- a completed 2017 Vendor Product Checklist
- your payment for seasonal, alternate-week, or per-diem participation (\$200 for seasonal; \$120 for alternate-week; \$20 per market day for per-diem); please make all payments by check or money order, payable to the Acton-Boxborough Farmers Market; your check will be cashed once you are accepted as a 2017 ABFM Vendor
- your \$100 Compliance Fee
- a copy of your plot plan, if applicable

When the above items have been received by the ABFM, you will be notified of your temporary acceptance for the market (or your denial). Once temporarily approved, you have one month to submit the following items. If all materials are received on time, you will receive a final acceptance notice. (If the following materials are not received, we may not reserve a stall for you.)

- a copy of your Acton Health Department Temporary Food Permit (if applicable)
- a copy of the coverages page of your personal or business liability insurance, indicating coverages as designated in the Permits/Licenses/Insurances section of the ABFM 2017 Rules of Operation

**Once you've received your final acceptance letter, please forward the following items to:**  
**communications@ABFarmersMarket.org**

organization name • tagline • logo (high-res color logo in .jpg/.eps/.ai) • contact info: (street/city/town, phone number, email address) • website URL • a description of your farm/business and offerings (75 words or fewer)

**Please contact us with any questions at:**

email: vendors@ABFarmersMarket.org **OR** phone: 978.877.1657 (Jennifer)

**Please mail your completed application materials to:**

Acton-Boxborough Farmers Market, 5 Duggan Road, Acton, MA 01720

### APPLICANT VENDOR SIGNATURE:

The Vendor's signature (below) acknowledges that s/he has read, understands, and agrees to abide by the terms of the ABFM 2017 Rules of Operation. The Vendor also confirms that s/he has secured a general liability policy (in amounts not less than \$1,000,000 per person per incident and \$1,000,000 aggregate) that names the ABFM, its Leadership Board, and its members, agents, and volunteers, and the Town of Acton as additionally insured, as well as product liability insurance (in an amount not less than \$1,000,000).

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ABFM Mission Statement

The mission of the Acton-Boxborough Farmers Market is to showcase local sustainable agriculture and promote organic practices; to educate the public on food and agriculture topics; to provide for direct, informed relationships between farmers and consumers; and to benefit local farmers and the local economy, as well as public health, community vitality, and regional environmental and economic sustainability.



## ABFM 2017 Vendor Product List

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Please list any product you plan to sell during the ABFM season. Farmers: please enclose a plot plan with your Application.

Vegetables \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fruits \_\_\_\_\_

\_\_\_\_\_

Herbs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preserves, condiments, etc. \_\_\_\_\_

\_\_\_\_\_

Baked goods (list all ingredients for each item) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meats \_\_\_\_\_

\_\_\_\_\_

Seafood \_\_\_\_\_

\_\_\_\_\_

Dairy products (cheese, milk, eggs) \_\_\_\_\_

\_\_\_\_\_

Honey/maple syrup \_\_\_\_\_

\_\_\_\_\_

Plants/cut flowers \_\_\_\_\_

\_\_\_\_\_

Personal care products \_\_\_\_\_

\_\_\_\_\_

Non-food item (maximum 1 per Vendor, with prior approval) \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_