

Voluntown Farmers' Market 2020 Vendor Application

Name _____
Business/Farm Name _____
Mailing address _____
Phone _____ Email _____
Website _____
CT Sales Tax # (if applicable) _____
UNCAS Health Department permit # (if applicable) _____

Documents listed below must be submitted prior to market participation. Please attach as appropriate to what you are selling/providing:

Certificate of Liability Insurance with \$1,000,000 COVERAGE, naming **Town of Voluntown, 115 Main St, Voluntown, CT, 06384** as additionally insured.

Crop Plan & Specialty Crop Plans, copies of all licenses and certificates related to products or services being offered.

Please describe growing methods: Organic, Conventional, Grass Fed, Free Range, Etc. or any products/services not mentioned on crop plan: _____

Please list what you intend to sell: _____

I attest to the truth and accuracy of the information provided in this application. I have read the Voluntown Farmers' Market Rules & Regulations and agree to abide by them. I understand that all food/goods must be grown and produced in Connecticut.

Signed* _____ Date _____

Print Name _____

Business/Farm Name _____

*Please reference the Vendor Application Instructions to verify that all required forms are submitted with this application.

Sponsored by: Voluntown Economic Development Commission