



 VENDOR APPLICATION

Deadline: May 31, 2024

Owner Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_

CT Sales Tax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone of people who will be on site:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES INCLUDE ELECTRICITY:**

\_\_\_ YES, I need electricity at the market \_\_\_\_ NO, I DO NOT need electricity

**Electricity Fee: $50**

**$75** for one 10' x 10' space

**$125** for one 10' x 20' space

The return check fee is

**ADDITIONAL SPACE:** If you need to exceed 10’ x 10’

**Applications, supporting documents, and payments should be mailed to**

**ATTN Strawberry Moon Farmers Market**

Mashantucket Pequot Museum & Research Center

110 Pequot Trail,

Mashantucket, CT 06338

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Alternatively, applications and supporting documents may be emailed and payment mailed separately.

Please include the following documents with your application, as applicable: Incomplete applications/documents will not be considered until all required information has been submitted.

 \_\_\_\_\_ Crop Plan (foods) or Specialty Crop Plan (non-edible items)

\_\_\_\_\_ Health Dept. Permit and/or applicable licenses

\_\_\_\_\_ List of products to be sold (must be produced by vendor; please be as detailed as possible

\_\_\_\_\_ Copy of any special certifications (i.e., certified organic, humane, etc.) \_

\_\_\_\_\_ Proof of liability insurance with “MPMRC **and** MPTN” listed as additional insureds

\_\_\_\_\_ Proof of product liability insurance

**Note:** All items sold MUST be listed on the crop plan or specialty crop plan. Bakers, please include a list of items you will be selling. If you add items during the season the crop plan must be updated and submitted to the market manager, before the market.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PLEASE INITIAL BELOW \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

\_\_\_\_\_ If COVID-19 precautions are necessary, we will adhere to all market safety policies.

\_\_\_\_\_ If this application is for a full-season vendor space, and they are no longer available, please consider this application for a half-season or one or more guest spots.

\_\_\_\_\_ I understand that selling to the public is NOT allowed before 11 am or after 3 pm. I CAN sell to other vendors before 11 am. I will make sure that all people working in the booth understand and abide by this policy.

\_\_\_\_\_ I also understand I MUST enter the market via the Group Entry and check in before setting up.

\_\_\_\_\_ Applying does not guarantee a spot in the market. Only applications completed in full and including payment for your requested dates will be reviewed. Once approved, you will be contacted by a committee member and your check will be cashed. If you are not approved, your check will be destroyed or returned as you choose.

By signing below, you acknowledge that you have read the MPMRC 2024 Vendor Package and will abide by the policies set forth.

**Submission of this application is an agreement to abide by all market guidelines and regulations attached.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name**