

## 2024 WESTMINSTER FARMERS' MARKET APPLICATION

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

Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Web Site or Web Presence: \_\_\_\_\_

*(List your website or a website such as localharvest.org or etsy.com in which you list your business).*

I EXPECT TO HAVE PRODUCTS TO SELL FROM (Date): \_\_\_\_\_ TO \_\_\_\_\_

(Initial) \_\_\_\_\_ I have read and understand the Westminster Farmers' Market Rules and agree to abide by them.

(Initial) \_\_\_\_\_ I understand the regulations of the Westminster Board of Health and agree to abide by them. (Initial) \_\_\_\_\_ I have read and understand Massachusetts Sales Tax Laws and agree to abide by them.

### **Check One:**

\_\_\_ Enclosed is my check payable to Westminster Farmer's Market in the amount of \$235.00 for a 2024 Annual Membership. ([\\$185 if attending vendor registration night – first Wednesday in April, 6:30 pm – place to be announced](#))

\_\_\_ I am joining as a per diem vendor and will pay \$20.00 for each day that I am present at the Westminster Farmers' Market until the annual fee has been paid.

Participation at the Westminster Farmers' Market can be terminated, without refund, for refusal to follow the rules of the Westminster Farmers' Market and the rules set forth by the Westminster Board of Health. The Westminster Board of Health governs all health and food regulations and has the final say in any disagreements regarding them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*All applications are subject to review by the Westminster Farmers' Market Jury Committee. If your application is not accepted, your fee will be refunded in full.*

