

Village of Oriskany Falls Pride in the Community Farmers Market Vendor Application

Location: Douglass Park, Main Street

Season: May 3rd – September 27th

Market Day: Mondays • Hours: 2:00 p.m. – 7:00 p.m.

Please complete this application and return it with the applicable fee.

Vendor Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact & Phone: _____

Products to be Sold: _____

Handicap Parking Needed: _____

Vendor Type (check one)

☐ Standard Vendor Full Season (\$50)

☐ Standard Vendor Half Season \$30.00

☐ Vendor Requiring Electricity Full Season (\$75)

☐ Vendor Requiring Electricity Half Season \$40.00

☐ Prepared Food Vendor Full Season (\$75)

☐ Prepared Food Vendor Half Season \$40.00

☐ Daily Fee \$20

Required Documentation

☐ Hold Harmless Agreement Signed

☐ Liability Insurance Certificate (Food Vendors)

☐ Village Named as Additional Insured (Food Vendors)

☐ Oneida County Health Department Permit (Food Vendors)

☐ NYS Agriculture & Markets / Sales Tax Certificate (if applicable)

☐ New York State Certificate of Authority (if applicable)

Electricity Request

Do you require electricity? ☐ Yes ☐ No

Describe electrical needs: _____

Vendor Certification I certify that the information provided is true and accurate. I agree to comply with the Village of Oriskany Falls Farmers Market Policy, Vendor Handbook, and all applicable federal, state, county, and local laws. I understand that submission of this application does not guarantee acceptance into the market.

Vendor Signature	
Date	
Office Use Only	Date Received: _____ Fee Paid: _____ Approved: Yes / No