**2016 NEW BEDFORD FARMER’S MARKET APPLICATION AND INVENTORY LIST**

1. All Growers must fill out, sign, and submit this application before April 2016 to participate in the Farmer’s Market. (Applications received after will be considered.) **Please contact**

**Kimberly.Ferreira@newbedford-ma.gov  with any questions.**

**Name**:       **Tel:**       **Email**:

**Farm Name & Address:**

**Mailing Address (if different than above):**

1. Please check off next to which market/markets you wish to attend

☐Brooklawn Park (Mondays) ☐Downtown (Thursdays) ☐Clasky Common (Saturdays)

 *Products I plan to grow for sale:*

**Vegetables:**

☐Asparagus ☐Beans, Green ☐Beans, String

☐Beans, Wax ☐Beets ☐Broccoli

☐Cabbage ☐Carrots ☐Cauliflower

☐Celery ☐Corn ☐Cucumbers

☐Eggplant ☐Greens, Collards ☐Greens, Mustard

☐Greens, Turnip ☐Kale ☐Kohlrabi

☐Lettuce, Boston ☐Lettuce, Romaine ☐Lettuce, Red Leaf

☐Onion, Yellow ☐Peas ☐Peppers, Sweet

☐Peppers, Hot ☐Potatoes, White ☐Potatoes, Sweet

☐Pumpkins ☐Radishes ☐Scallions

☐Spinach ☐Squash, Summer ☐Squash, Winter

☐Tomatoes ☐Tomatoes, Heirloom ☐Turnip

**Other:**

**Herbs:**

☐Basil ☐Oregano ☐Parsley ☐ Sage **Other:**

**Fruits, Berries, Melons:**

☐Apples ☐Nectarines ☐Raspberries

☐Apricots ☐Peaches ☐Strawberries

☐Blackberries ☐Pears ☐Watermelons

☐Blueberries ☐Plums ☐Cantaloupe ☐Pluot

**Other:**

**Ornamental Crops:**

☐Bedding Plants ☐Cut/Wild Flower ☐Hanging Plants ☐ Mums

**Other:**

**Other Food Products:** The New Bedford Health Dept. **req. approval of the following food items prior to selling at markets. Read more information in our Farmers Market Rules.**

☐Apple Cider ☐Baked Goods ☐Eggs ☐Other Meats (please list)

☐Honey ☐Jam/Jelly ☐Maple Syrup

☐Poultry Products ☐Live Animals ☐ Fish

**Non Food Items:**

1. Vendor fees are due after approval of application. Please circle your fee selection and make checks payable to: *Mass in Motion New Bedford*

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| **New Bedford Farmers Market 2016 Vendor Fees** |
| **# of markets** | **Weekly season fee** | **Bi-weekly season fee** | **Per week** |
| 1 market | $100.00 | $50 | $10 |
| 2 markets | $150 | $75 | $15 |
| 3 markets | $175 | $100 | $18 |

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the New Bedford Farmer’s Market Rules.

I understand them and I agree that both myself and my employees will follow them.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      **Date**  \_\_\_\_\_\_\_\_\_\_\_

1. **Mail this application to**:
Mass in Motion, 608 Pleasant Street, 2nd Floor, New Bedford, Ma 02740
**Or Email to:**
Kimberly.Ferreira@newbedford-ma.gov

**Vendor Checklist and 2016 Due Dates**

* Farmers Market Completed Application: Due April 30, 2016
* Vendor Fee: Upon approval of application, will be confirmed by Market Manager
* $1 million Insurance Policy: Due no later June 1, 2016
* Completed SNAP User Agreement Form: Due no later than June 15, 2016
* Health Dept. Permit (if applicable): Due no later June 1, 2016
* $50 Health Dept. Fee (if applicable): Due at time of permit