

## Litchfield Hills Farm-Fresh Market Vendor Application 2024

P.O. Box 607 • Litchfield, CT 06759 • (860) 567-3890 • [www.litchfieldfarmersmarket.org/](http://www.litchfieldfarmersmarket.org/)

**Saturdays • May 25, 2024 to October 19, 2024 • 10:00 a.m. – 1:00 p.m.**

Litchfield Hills Farm-Fresh Market is built on a strong foundation of trust and collaboration. We trust you apply with these ideals in mind. Fees: Full-season \$300; Half-season \$180; Occasional \$20/wk. Return this application to our PO Box (above) or email to [kaycarroll@aol.com](mailto:kaycarroll@aol.com)

*We are a CT Grown market at which farmers sell what they grow, harvest or raise; and vendors of processed products sell products which are produced in CT and created primarily from CT-grown products to the degree that is possible.*

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

Farm/Business Location: \_\_\_\_\_  
Street address city state

Mailing Address: \_\_\_\_\_  
Street address city state zip code

Phone number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

*Which of the following best describes your product(s)?*

- |  |  |
|--|--|
| <input type="checkbox"/> Fruit and/or Vegetable Producer | <input type="checkbox"/> Fish  |
| <input type="checkbox"/> Prepared Foods                  | <input type="checkbox"/> Eggs  |
| <input type="checkbox"/> Dairy                           | <input type="checkbox"/> Value-added Agricultural Producer                               |
| <input type="checkbox"/> Meat                            | <input type="checkbox"/> Producer of baked goods, preserves,<br>maple syrup and/or honey |
| <input type="checkbox"/> Horticultural                   |  |

Please list the items you plan to sell at the market: \_\_\_\_\_

I am licensed.  I will be licensed by \_\_\_\_\_ (date).  I do not need a license.

I have been inspected by the CT Dept. of Agriculture on \_\_\_\_\_ (date).

I submitted a Crop Plan to the CT Dept. of Agriculture on \_\_\_\_\_ (date).

Please check if any of the following describes your business practices:

certified organic By whom? \_\_\_\_\_  organic, uncertified

pesticide-free  hormone and antibiotic-free meat and /or dairy  non-organic

Intended participation (check all that apply):

- |                                 |                                  |                                 |                                  |                                 |                                  |                                  |                                 |
|---------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> May 25 | <input type="checkbox"/> June 15 | <input type="checkbox"/> Jul 6  | <input type="checkbox"/> July 27 | <input type="checkbox"/> Aug 17 | <input type="checkbox"/> Sept 7  | <input type="checkbox"/> Sept 28 | <input type="checkbox"/> Oct 19 |
| <input type="checkbox"/> June 1 | <input type="checkbox"/> June 22 | <input type="checkbox"/> Jul 13 | <input type="checkbox"/> Aug 3   | <input type="checkbox"/> Aug 24 | <input type="checkbox"/> Sept 14 | <input type="checkbox"/> Oct 5   |                                 |
| <input type="checkbox"/> June 8 | <input type="checkbox"/> June 29 | <input type="checkbox"/> Jul 20 | <input type="checkbox"/> Aug 10  | <input type="checkbox"/> Aug 31 | <input type="checkbox"/> Sept 21 | <input type="checkbox"/> Oct 12  |                                 |

Do you need electricity?  Yes  No If yes, \_\_\_amps/volts required for \_\_\_\_\_

**Insurance:** Certificate of liability insurance **required.** Identifying the date(s) and location of the event per below. Dates May 25-October 19, 2024. Saturdays 10 am – 1 pm. Location: Litchfield Center School, Route 202/West Street, Litchfield CT. Name as additional insured **BOTH** Litchfield Hills Farm-Fresh Market and Center Elementary School, Litchfield CT. The certificates can be mailed to our PO Box 607 or emailed to [kaycarroll@aol.com](mailto:kaycarroll@aol.com)

I understand my participation will be contingent on a satisfactory farm visit. By signing this application, I agree that, if accepted, I will abide by the rules, conditions and decisions of the Market.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Please print name \_\_\_\_\_