

*Capital City Farmers Market*  
**2008 Member Registration and Vendor Application**

**NEW THIS YEAR**

This application is for **ALL** of the markets coordinated by the Capital City Farmers Market. If you want to apply for our Thanksgiving Market or Winter Farmers Market, **NOW IS THE TIME**. There will not be another application process. If you are accepted to the off-season markets, an invoice for space fee will be sent out six weeks prior to the market. You will be asked at this time to confirm your participation through payment for your space.

**Applications must be post marked by February 4<sup>th</sup>**. Space assignments will be mailed around February 15<sup>th</sup>. Vendor applications post marked after February 4<sup>th</sup> will be given space as space allows, regardless of prior participation.

**CONTACT INFORMATION**

PO Box 515, Montpelier, VT 05601  
www.montpelierfarmersmarket.com, manager@montpelierfarmersmarket.com  
802-685-4360

**GENERAL INFORMATION**

Date \_\_\_\_\_ Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (other) E-mail Address \_\_\_\_\_

Website: \_\_\_\_\_

Yes\_\_ I can be reliably reached by E-mail year round. No\_\_ E-mail, what e-mail?

Do you give the Capital City Farmers' Market permission to release your name, address, phone number, email, and website for marketing purposes or customer contacts.? **YES, I do** **NO, I do not**

**Check one:**

\_\_\_ New Applicant. *Please enclose a non-refundable \$10 new applicant fee. **Do not include a membership fee.** If your application is accepted, you can become a member at that time.*

\_\_\_ Wait List/Returning Applicant *(vendors who have applied in the past but have not yet vended at a market)*

\_\_\_ Member Vendor\* (enclose \$30) \*Market members receive space discounts at the regular and Thanksgiving markets. Member vendors that attend at least 5 summer season markets can vote at the annual meeting.

\_\_\_ Non-member vendor

\_\_\_ I can't participate this year. Please place/keep my name on your mailing list.

**Please check all the markets for which you are applying:**

\_\_\_ Outdoor Market (May-Oct, 60 State St Lot)

\_\_\_ Thanksgiving Market (Nov. 22, Montpelier High School)

\_\_\_ Winter Market (1<sup>st</sup> Saturdays, Dec-April, VT College Gym)

**Items for Sale**

All new and *RETURNING* vendors. Please list all items you intend to sell at the market this season on the following page. (i.e. mixed vegetables, seedlings, cut flowers, pottery, note cards) *Indicate clearly if you are adding new products. If you are applying for more than one market, please list, by market, items you intend to sell (may indicate "same as above").* Use additional paper if necessary

**Outdoor Market:** \_\_\_\_\_

**Thanksgiving Market:** \_\_\_\_\_

**Winter Market:** \_\_\_\_\_

**Please note:** If you plan to add new or change significantly the products you are offering, you must first get approval from the farmers market board. (i.e. a potter selling candles, a bread baker selling pies, a produce grower adding a craft)

**For crafts\*\*, baked goods & prepared foods, please describe:**

Item	Type and source of materials or ingredients	Method of production
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use additional paper if necessary. **The Farmers Market Board will consider whether you use local ingredients and/or purchase from local merchants when assigning space to new vendors.**

*\*\*New applicants for a craft space must also include pictures of their work. If you would like them returned, please include a self-addressed, stamped envelope.*

**Please answer the following questions regarding your business.**

Can you come to the market rain or shine, hot or cold, wind or snow? **YES** **NO**

If no, please explain. \_\_\_\_\_

As the applicant/producer, do you personally plan to attend at least 50% of the markets you have requested? **YES** **NO**

If no, please explain. \_\_\_\_\_

If you plan on substitutes vending for you some of the time, who will they be and what is their relationship to your business? \_\_\_\_\_

What is the ownership structure of your business? (i.e. business partners, family run, cooperative, incorporated) \_\_\_\_\_

**Please list Farmers Market Activities or CCFM office held by members of your farm/business in 2007:**

Name	Office/Activity
_____	_____
_____	_____
_____	_____

Be advised that the market mails \$1 coupons to our mailing list for all markets. Vendors are required to accept these coupons. At the end of the market, vendors are reimbursed 50% of any coupons redeemed. On average, one coupon is redeemed for every \$200 of sales at the market.

**I have read the 2008 rules and policies of the Capital City Farmers Market and agree to abide by them.**

\_\_\_\_\_ Signature of applicant(s) \_\_\_\_\_ Date

## Outdoor Market

**Please circle the weeks you would like to attend:** ALL of them (26 in all)

May 3, 10, 17, 24, 31

June 7, 14, 21, 28

July 5, 12, 19, 26

August 2, 9, 16, 23, 30

September 6, 13, 20, 27

October 4, 11, 18, 25

**During 2007, I vended:** (please check one)

Full-season (20+ weeks)  Part-season (10-20 weeks)  Less than 10 weeks  I was not a vendor in '07

**Space Preferences** Please refer to enclosed map for selection or specify "area". Be aware that newer vendors are less likely to be assigned their choice spots.

Please indicate if you are requesting: (please refer to the market brochure for cost per space)

single space (10 linear ft)  space and ½ (15 linear ft)  double space (20 linear ft)

First Choice spot # \_\_\_\_\_ Second Choice spot # \_\_\_\_\_ Third Choice spot # \_\_\_\_\_

If possible, I would prefer to be (describe location – front, back, shade side, etc.) \_\_\_\_\_

If we are unable to assign you a spot, do you want to be on a waiting list and be notified by Wednesday evening of an available spot for the coming Saturday? **YES** **NO**

Do you want to be on a waiting list for openings of regular assigned spaces? **YES** **NO**

**Payment of Space Fees** must be made by the last market in May for vendors paying for the season and at each market for vendors paying weekly. Refer to current market brochure for rates. Please indicate if you plan to pay:  **Season**  **Weekly**

**Prize Drawing--** As part of market promotion, we ask that all regular vendors at the market donate a prize for our monthly prize drawing. Please indicate what you wish to donate and what month it will be available. \_\_\_\_\_

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## Thanksgiving Market

Returning Vendor  New Vendor

**My space preference is:** Same as last year No preference Different spot (specify on back)

*(new vendors will be assigned space where available)*

**Frontage Requested:**

Single Space (10 ft x 6 ft deep)  Mini Space (6 ft x 6 ft)

Additional Frontage Requested: \_\_\_\_\_ feet

Electrical outlet requested? **YES** **NO**

For a door prize (or prizes) I wish to donate: \_\_\_\_\_

**Fees for the Thanksgiving Market are being reviewed and will be adjusted to cover rising expenses. If accepted, an invoice for your fee will be sent in September. Payment will confirm your place at market.**

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## Winter Market

**Please circle the weeks you would like to attend:** ALL of them (5 in all)

December 6

January 3

February 7

March 7

April 4

**During 2007/08, I vended:** (please check one)

Full season  # of months  I was not a vendor in '07/'08

**Space Preferences** Please refer to enclosed map, or specify "area". New vendors may not be assigned their choice spots.

Please indicate if you are requesting:

\_\_\_\_\_single space (8 linear ft) \_\_\_\_\_space and ½ (12 linear ft) Additional Frontage Requested:\_\_\_\_\_ feet

First Choice spot #\_\_\_\_\_ Second Choice spot #\_\_\_\_\_ Third Choice spot #\_\_\_\_\_

Electrical outlet requested? **YES** **NO**

If possible, I would prefer to be (describe location – front, back, middle, etc.)\_\_\_\_\_

If we are unable to assign you a space, do you want to be notified if a space becomes available? **YES** **NO**

**Fees for the Winter Farmers Market are dependent on continuing grant support and may need to be adjusted to cover expenses. If accepted, an invoice for your fee will be sent in October. Payment of this fee will confirm your place at market.**

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