

Palmyra Farmers' Market 2025 Application
Weekly: Wednesdays 4 to 7 PM; June– October

Farm Name: _____

Contact name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Farm address (if different from above: _____

Business Type: Check all that apply (use additional sheet if necessary)

- ☐ Fruits/vegetables—complete crop plan below
- ☐ Dairy: specify products
- ☐ Maple/honey: specify products
- ☐ Baked goods: specify products
- ☐ Nursery product: Circle product types—annuals, perennials, vegetables/herb plant, nursery stock
- ☐ Cut flower: specify products
- ☐ Eggs
- ☐ Herbs (dried or fresh cut)
- ☐ Other _____

Description of Produce/Product:

If you buy any of your produce from someone else:

Produce purchasedLocation of grower/business[illegible]

Production methods used:

- ☐ Certified organic. Copy of current certificate must be place on file with the market
- ☐ Conventional

Please note: Pursuant to CFR Part 205, Subpart B, Section 205.100(c)(1) any operation that knowingly sells or labels a product as organic, except in accordance with the ACT, shall be subject to a civil penalty or not more than \$10,000.00 per violation.

Market operations:

I would like to reserve _____ number of selling space for the current season. All vendor spots measure 10x10

The market season runs from the first Wednesday in June to the last Wednesday in October. Please indicate when you plan to start coming to the market and when you are likely to finish. I will start attending market _____ and I will be finished for the season on or about _____

- ☐ I Plan on attending market every week
- ☐ I Plan on attending market every other week
- ☐ I Plan on attending market once a month

Farm Inspections: The Village of Palmyra reserves the right to do spot visits and farm inspections to assure that the products sold are following the market's rules and regulations.

ALL VENDORS: Must provide a copy of all permits/certificates for our files.

Return signed application and a copy of your insurance certificate. This certificate must name the Village of Palmyra 144 East Main Street Palmyra, NY 14522 as additional Insured with a 1,000,000 each occurrence 2,000,000 aggregate liability limit.

Email to farmersmarket.palmyra@gmail.com or mail to the Palmyra Community Library, 402 East Main Street Palmyra, NY 14522 with Farmers' Market on envelope

Prepared food vendors: Please provide a list of the prepared foods that you intend to sell. Fill out the application, and omit Step two. You are responsible for calling the Wayne County Health Dept. and becoming acquainted with and following laws that apply to you. Food vendors are also expected to have and display their New York State tax certificate and either food service or health certificate as well.

The undersigned states that he/she is over 21 years of age and has read, understood and agree to abide by and comply with the Market Rules and regulations.

The information I have provided in my application is true and complete. I agree to abide by any applicable local, state and federal laws or regulations. I agree to defend, indemnify and hold harmless the Farm Market, its volunteers, its management, the Village of Palmyra, and the Palmyra Community Library and their officers, directors, and employees for any claims or damages, however incurred.

Print name

Signature

Date