# CornwallCoOpLogo-TransparentBack-3-23-17.gifCornwall COOP Farm Market

# 2017 Application

# Season runs from May 20th to Oct 21st, 2017

April 2017

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm/Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

**Produce Growers** Please list produce you grow and plan to bring to market. Continue on back if needed.

**NON-Produce** List items which you would like to bring to the market. Continue on back if needed.

**2017 Fee of $ 100 to be paid prior to opening day. Checks made out to *Cornwall CO-OP Farm Market.***

**Mail or Deliver to Treasurer, Pat Bramley**

**PO Box 2**

**Cornwall Bridge CT 06753**

Please note the State of Connecticut Department of Agriculture Farm Fresh Division is recommending each farmer/vendor to obtain a $300,000 product liability insurance policy. **Town of Cornwall owner of lot requires a Certificate of Insurance(COI) to be mailed or handed in by opening day, May 20th, 2017. Mail to the Treasurer, address above.**

COI for ***Cornwall COOP Farm Market: Town Green, Pine Street, Cornwall, CT 06753***

I have read and understand the by-laws of the Cornwall COOP Farm Market and understand that when I become a participating vendor I will abide by these rules and regulations. Failure to do so on my part may result in the loss of my market privileges and/or membership in the Cornwall COOP Market.

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Signature Date