

**TOWN OF CORNWALL OUTDOOR SUMMER**  
**FARMERS MARKET - VENDOR APPLICATION**

**Submit To:** Town of Cornwall Farmers Market  
c/o Town of Cornwall Recreation Department  
183 Main Street  
Cornwall, NY 12518  
(845) 534-2070 / FAX (845) 534-4342  
E-mail: [marketmanager@cornwallny.gov](mailto:marketmanager@cornwallny.gov)

**CONTACT PERSON:** \_\_\_\_\_

**VENDOR/ BUSINESS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS LOCATION ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**THE TOWN OF CORNWALL OUTDOOR SUMMER FARMERS MARKET WILL BE HELD WEDNESDAY, FROM JUNE 1<sup>ST</sup> TO SEPTEMBER 30<sup>TH</sup> OF EACH SUMMER CALENDAR SEASON – WITH A VENDOR FEE OF \$25.00 PER MARKET. (Please note dates that Market may be closed)**

- The above listed Vendor hereby request to participate in the Town of Cornwall Farmers Market as a Vendor on the following dates:

_____	_____
_____	_____
_____	_____

- The above listed Vendor does propose to offer the following produce and/or goods for sale at the listed sessions of the Town of Cornwall Farmers Market: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

- The above listed Vendor would like to participate in the Town of Cornwall Farmers Market Vendor Discount Fee Program: \_\_\_\_\_ YES \_\_\_\_\_ NO

*(10% Discount on Total Market Fee Paid in Full for the Season. Payments will be pro-rated based on the months of participation. Please Note: that NO REFUNDS will be offered unless the Market is cancelled by the Town of Cornwall.)*

The above listed Vendor hereby represent that we produced the above listed produce and/or goods to be offered for sale and that the listed produce and/or goods were grown or made by this Vendor within 100 miles of the Town of Cornwall.

This Vendor hereby represent that the Town of Cornwall Farmers Market Rules & Regulations have been read and will abide by them.

The above listed information is accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE: CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 NAMING THE TOWN OF CORNWALL AS AN ADDITIONAL INSURED MUST BE SUBMITTED WITH APPLICATION.**