

**GREENFIELD FARMERS' MARKET  
REGISTRATION APPLICATION FOR 2019 SEASON**

*Please fill out this form entirely, sign and return. By signing this form, and paying your fee, you are stating that you are familiar with, understand, and will abide by the guidelines as written. If you need a copy of our guidelines please be sure to request a copy. Please be sure that you do in fact understand them, and do not hesitate to ask for clarification if you do not. All Partners in a company must be disclosed and all products you are selling must be listed below. Use another sheet of paper if necessary. There is a possibility of adding a product mid-season, however, it must receive approval from the Market Manager.*

Name of Farm or Business: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Farm Address & Growing Locations (list all please) \_\_\_\_\_

Mailing Address (Street, Town, State, ZIP) \_\_\_\_\_

Phone # (s) where to reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Name/Email address of the associate that will be staffing the booth if different from owner:

\_\_\_\_\_

Your Website (if applicable): \_\_\_\_\_

Type/Nature of the products or produce you provide (be specific & detailed): \_\_\_\_\_

\_\_\_\_\_ (use another sheet of paper if you need to or attach your crop plan)

Estimate how long you will be in the market (all season, just fall, etc.): \_\_\_\_\_

Number of spaces requested (This is not a guarantee. Maximum number of spaces allowed is two) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your application form back to: Greenfield Farmers' Market LLC, PO Box 802, Greenfield, MA 01302**

## Greenfield Farmers' Market Guidelines Signoff Sheet

I, \_\_\_\_\_ (name of vendor), have completely read and understand the *Greenfield Farmers' Market Operating Guidelines*.

I, \_\_\_\_\_ (name of vendor) agree that as a member I must abide by the *Operating Guidelines* and if I do not I may be asked to leave the Greenfield Farmers' Market.

**Signature of Vendor/Applicant**

\_\_\_\_\_  
**Date**