Village Preservation Foundation, Inc. **FARMERS' MARKET AT THE WILLIAMSVILLE MILL APPLICATION FOR 2020 SEASON**

BUSINESS NAME:				
OWNER'S NAME:				
ADDRESS:				
TELEPHONE:				
EMAIL:				
Will you have a truck on site? Yes No	Size of Truck:			
Please note that trucks must be approved for limitations.	use by the Site Coordinato	r due to	spacin	g
(circle one)				
Do you make your product in a licensed kitchen?		Υ	or	N
Do you have a health permit?		Υ	or	N
Do you have insurance?		Υ	or	N
Do you make or grow all of the products you plar	n on selling at the market?	Υ	or	N
Please send a copy of your licenses.				

Please add any information you feel we should know about your business or product in making our decision:

Please fill out the attached product plan and include that with your application.

Village Preservation Foundation, Inc. FARMERS' MARKET AT THE WILLAIMSVILLE MILL VENDOR PRODUCT PLAN – 2020

Name	
Business Name	
Acres in production (for	farms only)
Mailing Address	
Business Location/Travel	Directions
produce the crops listed bel agree to abide by the rules of violation of the rules may resonable the market and to participate understand that a farmers' rule information provided on requesting other evidence of	Itate agricultural producer and plan to grow or ow in 2019 on land owned or leased by me. I or the Farmers' Market and understand that sult in suspension or loss of my privilege to sell at the in the Williamsville Farmers' Market. I market or department representative may verify this application by visiting my farm or on my bona fide farmer status. I agree to inform in my production or marketing that affect the elow.
Signed:	Date:



2019 Product Plan (Acres and Months columns are for produce only)

Product	Acres	Months	Product	Acres	Months



Product	Acres	Months	Product	Acres	Months