

VILLAGE OF STAMFORD MARKET
2023 VENDOR REGISTRATION FORM

Send completed application to 84 Main Street, Stamford, NY 12167 or e-mail to
clerk@stamfordny.com

Vendor's Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone(H) _____ (W) _____ Email _____

NYS Sales Tax ID# _____ County _____ Website _____

CHECK ONE: Farmer/Producer () Crafter () Prepared Food

BOOTH RATES: Per Week: 8'x8' space is \$30.00

INFORMATION:

The market will be located at 117 Main Street Stamford NY in the Churchill Memorial Gymnasium. This is a large heated space with lighting, restrooms and plenty of parking located directly behind the Stamford Village Library on Main Street.

The village will advertise the market on WRIP as well as across social media. The first market will be November 5th and continues weekly until the second Saturday in May 2024.

Vendors must supply their own set up, tables and chairs and any other display items necessary.

Insurance: Vendors must have general liability insurance, (premise and product) and to name the Village of Stamford as an additional insured.

Village of Stamford

Product Specifications

IMPORTANT – Please list all products that you would like to sell. See instructions below.

FARMERS/PRODUCERS: Please list all products you plan to grow/produce for sale. You do not need to list variety but you do need to be specific as to type. (example- instead of listing “greens” list lettuce, spinach, etc.) In addition, please list all processed or value-added products you plan to sell. (example: jelly from berries, cider from apples, etc.)

CRAFTERS: Please list all craft items you wish to sell which are made by you.

PREPARED FOOD: Please list all products you produce for sale and whether or not the food is to take home or eat on site. (Note: You are responsible for complying with any and all Health Department regulations and permits and you must collect sales tax when applicable.)

BROKERING: Please list any brokered products that you want to request approval to sell. You must be specific and list all items for consideration. **Brokered products must be labeled clearly as such and if approved, will not be claimed as home grown.**

LIST ALL PRODUCTS YOU WOULD LIKE TO SELL & CHECK CATEGORY

| <u>Products</u> | <u>Grown/Made</u> | <u>Brokered</u> | <u>Approval</u> |
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Village of Stamford

84 Main Street, Stamford, NY 12167 • 607-652-6671 • clerk@stamfordny.com



Village of Stamford

84 Main Street, Stamford, NY 12167
Office: 607-652-6671 Fax: 607-652-3567
www.stamfordny.com

VENDOR LIABILITY WAIVER

EVENT:
DATE:
TIME:
LOCATION:

NAME OF VENDOR:
PHONE:
ADDRESS:
EMAIL:

I, _____, the _____ of [VENDOR NAME] (the "Vendor"), hereby agrees to defend, indemnify, and save harmless the Village of Stamford, New York (the "Village"), and its officers, directors, employees, agents, and volunteers from and against all claims, damages, losses, and expenses (without limitation, reasonable attorneys' fees and all other costs of defense) arising out of, or in consequence of, any negligent or intentional act or omission of Vendor, its members, officers, directors, employees, agents, or volunteers, to the extent of its or their responsibility for such claims, damages, losses, and expenses.

The Vendor hereby further agrees to procure and maintain at its own expense a policy of comprehensive general liability insurance of general liability limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The policy shall be issued by an insurer licensed to do business in the State of New York and shall have an A.M. Best rating of not less than "A". The policy of insurance shall be in a form and content satisfactory to the Village and shall provide that: (a) the Village of Stamford, New York is named as an additional insured on a primary and non-contributing basis; (b) the policy shall not be changed or canceled until thirty days after the Village receives written notice of such change or cancellation; and (c) the insurance policies shall automatically renew upon expiration and continue in force unless the Village is given thirty days' written notice to the contrary.

The Vendor hereby further agrees to waive all rights against the Village, its officers, directors, employees, agents, and volunteers for recovery of damages to the extent these damages are covered by the Vendor's insurance policy procured and maintained per the requirements stated above.

Based on the foregoing conditions being met and agreed to by the Vendor, the Village hereby grants a revocable license to the Vendor for the Event on the date and at the time and location listed above.

Sign: _____

Print: _____

Date: _____

The Village of Stamford is an Equal Opportunity Employer.
Complaints of discrimination may be filed with:

USDA Director, Office of Civil Rights, 1400 Independence Ave. Washington, DC 20250-9410 or call 800-795-3272 or TDD 202-720-6382

**Village of Stamford
Signature page**

By signing this document, I verify that I have completed all information in the application.

Vendor Name (Please Print)

Vendor Signature

Date

Office use only (Initial and Date)

Received _____ Reviewed _____

Payment Received _____ Signed Waiver _____