



**NORTH CREEK FARMERS' MARKET**  
**2023 VENDOR APPLICATION INFORMATION**  
**June 22 to September 21                      Thursdays 2- 5:30pm**  
*Summer Solstice to Autumnal Equinox*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ Social Media/Website: \_\_\_\_\_

Check one:  Full season \$100  
 14 Thursdays                       Five weeks: \$50 (note dates)                       One week only: \$15 (note date)

\* Please give us notice if you can't show up on the date(s) listed. We are flexible.

Make checks payable to **North Creek Business Alliance**.

If you plan to sell products that require collecting sales tax (cut flowers, candy, crafts), provide your NYS Tax ID# \_\_\_\_\_ and a Certificate of Authority.

**PLEASE SPECIFY ALL THE ITEMS YOU PLAN TO SELL:**

By signing, I commit to the dates listed above and agree to abide by all applicable Local, State, and Federal Laws and Regulations pertaining to my business. Additionally, I will provide a Certificate of Insurance and if necessary, an Agriculture and Market Certificate. I will provide current licenses associated with my business. **I certify that my business produces all the material for sale and that I am not a reseller of materials purchased from third parties.**

I will purchase and maintain in full force commercial general liability insurance with limits of insurance not less than \$1M per occurrence, \$2M general aggregate including products-completed operations aggregate. Such insurance shall cover liability arising from premises, operations, independent contractors, products and goods sold, products liability, product-completed operations, personal and advertising injury and liability under an insured contract. I will also provide Statutory Workers Compensation and employer's liability coverage for all employees.

Copy of the insurance policy is required with the Town of Johnsbury and the North Creek Business Alliance included as an additional insured on a primary, non-contributory basis including products-completed operations coverage for three years and should include a waiver of subrogation in favor of the Town of Johnsbury and North Creek Business Alliance.

To the fullest extent permitted by law, I will indemnify, defend and hold harmless the Town of Johnsbury and the North Creek Business Alliance; and each of its officers, directors, employees and agents from and against any claims, actions, damages, losses and expenses, including attorneys' fees, for any actual or alleged injury or death to any person or damage to or to destruction of property arising out of any act or omission on the part of me or my employees in connection with my use or occupancy of any property owned by the Town or my participation in the Farmers Market.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail your application to:  
 Beth Maher, PO Box 199, North River, NY 12856  
 Questions? Email [bethmaher@hotmail.com](mailto:bethmaher@hotmail.com) or call (518) 251-5210.