NORTH CREEK FARMERS' MARKET
2026 VENDOR APPLICATION INFORMATION
June 18 to September 17 Thursday 2- 5:30
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* _____

Nonprofits and community groups do not have to pay vendor fees.

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

Please make checks payable to **Adirondack Community Outreach Center, Inc**.

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 Johnsburg** (219 Main St, North Creek, NY 12853) and the **Adirondack Community Outreach Center, Inc.** (2718 NY28, North Creek, NY 12853) and 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 Johnsburg and Adirondack Community Outreach Center.

To the fullest extent permitted by law, I will indemnify, defend and hold harmless the Town of Johnsburg and the Adirondack Community Outreach Center; 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_____

Send application to Beth Maher, PO Box 199, North River, NY 12856.
Questions? Email northcreekmarket@gmail.com or call (518) 251-5210.