



**Hingham Farmers Market
Food & Plant Vendor Application**

**HFM Winter Market
2019**

Bi-weekly Jan. 12 thru March 23, 2019
10am -1pm;
2nd Parish Church, 685 Main St. Hingham, MA 02043

Company Name: _____

Contact Name: _____

Address: _____

Phone (Indicate primary with *): _____
Business Cell

E-mail: _____

Website Address (if applicable): _____

Product Description & List (Please attach if necessary): _____

Please circle
Dates of
Attendance
(\$40/Session)

Jan 12 2019	Jan 26, 2019
Feb 9 2019	Feb 23, 2019
Mar 9 2019	Mar 23, 2019

Fee and administrative structure:

- First come/First served. Space is limited. Table space will be provided
- Payment required in advance. No refunds for weather related cancellations.
- Proof of liability insurance (\$1MM minimum) required.
- Confirmation is required that Hingham Board of Health Farmers Market license (annual) and other certifications are satisfied.
- HFM vendor account must be settled.
- Please send a signed copy of the "Hingham Farmers Market, Inc. Rules, Policies & Procedures, Winter Market - 2019" signature page along with this application.

I certify that I have a General Liability insurance policy that will cover my attendance at the 2019 Hingham Winter Farmers Market. I have also read, understand and will abide by the "Hingham Farmers Market, Inc. Rules, Policies & Procedures - Winter Market 2019"

Insurance Co: _____ Policy No: _____

Signature: _____ Date: _____

Fax: 617-249-0291

Email: info@hinghamfarmersmarket.org

Mail: 7 Bulow Place, Hingham, MA 02043