

Hillsborough Farmers' Market 2010 Member Renewal Form

Please help us update our records by thoroughly filling out the information below.
If you have any questions please call (919) 360-5254.

Farm/Business Name _____

Address of Farm/Business _____

_____ County _____

Name(s) of owner(s) _____

Phone number _____ Cell phone number _____

E-mail address _____

Website URL (if applicable) _____

Mailing Address (if different from above) _____

Names of helpers who may assist you at market _____

Emergency Contact _____ Phone _____

Attending: Saturday Market only _____ Wednesday Market only _____ Both _____

Date you intend to start selling? _____ How many weeks do you plan to sell? _____

In signing and submitting a Membership Renewal form to the HFM, the individual vendor is making a commitment to sell at the market every Saturday and/or Wednesday of the season, with the exception of those Saturdays and/or Wednesdays for which the member vendor has notified the Market Manager in advance that he/she will not be participating in the market.

Vendors who only intend to sell for part of the season are welcome, but for planning purposes, they must let the Market Manager know in advance when they will not be there. For Saturday Markets, April – October, please notify the Market Manager no later than noon on the Friday before the market if you plan to be absent.

_____ Please check here if you wish to change the products you bring to the market. For example: Perhaps you didn't bring eggs last year but would like to in 2010. Equally, if you brought eggs last year but won't be bringing them in 2010 please check here also. The Leadership Team strives to keep a good balance of product variety at the market. ANY change in your product mix must be approved prior to selling.

Please describe the product change you would like to make. _____

Vendor Category: Please review categories as described in the Market Guidelines. Indicate approximate percentage of product that you plan to sell in each category. Please give a detailed list **ALL** of the produce or product (s) you plan to sell at the market next to the appropriate category. **(Only the products listed or identified on this form may be sold)**

Farm _____ % _____

Value –Added Farm _____ % _____

Craft _____ % _____

All vendors who will be baking or selling prepared food items are required to have their kitchen or premises inspected by the appropriate agency. If you have an updated inspection or license please include a copy with this form. If you have questions regarding kitchen inspections please call Brenda Hoyle at 919-606-0280.

Please provide a brief marketing description of your business and its products (This will be included on the HFM website – www.hillsboroughfarmersmarket.org) _____

Please read the 2010 market guidelines provided on the website. Complete this renewal form and mail it along with your \$50 membership fee to **The Hillsborough Farmers Market, P.O. Box 644, Hillsborough, NC 27278**. Checks should be made payable to the Hillsborough Farmers Market. This renewal fee must be paid by January 29, 2010. After January 29, 2010 the renewal fee will increase to \$75.

For 2010 Market season April – October a weekly fee of \$5.00 will be charged for each Saturday market attended. This fee will be collected on the market day.

I acknowledge I have read the 2010 Hillsborough Farmers Market Membership Guidelines and agree to follow the policies and rules listed therein. I further agree to allow representatives of the market to visit the premises where the products I intend to sell are produced if requested.

As a condition of membership, I agree to release and hold harmless the Hillsborough Farmers Market, its Leadership Team, directors, officers and volunteers from all claims relating to property damage or personal injury to myself, my family members and employees arising from such membership.

I certify that the information on this application is true. If any of this information is found to be untrue, I forfeit my right to sell at the Hillsborough Farmers Market and any fees I may have paid.

Signature _____ Date _____

Farm/Business Name _____

Please send your renewal fee (\$50.00 before 01/29/2010; \$75.00 after 01/29/2010) and this completed form to: The Hillsborough Farmers Market, P.O. Box 644, Hillsborough, NC 27278.

-----**For market use only**-----

Renewal form received by _____ Date _____

Site visit made by _____ **Date** _____

Copies of applicable licenses received or on file _____ Date _____

Change Approval _____ Date _____