

HARWICH FARMERS' MARKET
2020 APPLICATION

Name: _____

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Please list the items you wish to sell or attach crop list – Processed food vendors must list all items to be included: _____

Application for (check one): _____ season _____ weekly: _____ (dates)

Please include fee with application

Seasonal fee: \$200.00 _____ Weekly fee: \$25.00 _____ (includes parking for one vehicle)

I hereby agree to comply with all rules and regulations governing Harwich Farmers' Market and the Harwich Health Department.

Signature: _____ Date: _____

Fee enclosed: \$ _____

Payable to: Harwich Historical Society

Mail to: Harwich Historical Society
80 Parallel Street
Harwich, MA 02645

**This application does not guarantee your participation, you will be contacted by the Harwich Farmer's Market Manager to confirm your place in the 2020 market. Your seasonal or weekly fee will be refunded if you are refused participation. Weekly fees will not exceed the seasonal fee of \$200.00 for any one vendor. Payment schedules may be arranged upon request. Please contact harwichfarmersmarket@gmail.com or harwichhistoricalsociety@verizon.net for information or questions.

Harwich Farmer's Market Review _____ Date: _____

Board of Health Review _____ Approved: _____ Date: _____

Vendor notification: _____ Date: _____