

Stockbridge Flower & Farmers' Market @ GO BREW!
Application for Rental Space

for 200____

Your Name

Farm Name

Address _____

Town _____ Zip _____

Phone _____ Email _____

Website

Please put a "1" for your primary products and a "2" for your secondary products. Your application will be accepted based on your primary products. Your secondary products should be minor. Any changes must be approved by the Market. If you are a returning member, indicate new products with a*.

Farm Products: Processed Good

____ Mixed Vegetables & Herbs ____ Veggie & Herb Seedlings ____ Baked Goods

____ Sweet Corn ____ Flower Seedlings ____ Jams, Jellies, Relishes

____ Potatoes ____ Hanging Baskets ____ Cider

____ Apples ____ Chicken ____ Cheese

____ Other Tree Fruit ____ Turkey ____ Other (be specific)

____ Strawberries ____ Beef

____ Raspberries ____ Pork

____ Blueberries ____ Lamb Other Markets for your Products

____ Cut Flowers ____ Fish/Seafood ____ Wholesale

____ Dried Flowers ____ Eggs ____ Farm Stand

____ Maple Products ____ Dairy ____ CSA/Senior Farm Share

____ Honey

____ CRAFTS (Please describe) _____

____ Other (be specific) ____ Farmers Markets (list on reverse)

Please provide as comprehensive a description of your farm or processed products as possible. Include acreage and list of your products, and volumes and types of processed products. Some or all of this information may be used in market promotional materials, brochure and website. Continue on reverse if needed.

Are you Certified Organic? ____ No; ____ Yes (include a copy of your most recent certification.)

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Help us determine how many members will be at Market throughout the season. Circle days you expect to attend.

FULL SEASON – last weekend in April through last weekend in October, Saturdays, Sundays, Wednesday evenings

Signature _____

Date _____

(Your signature indicates your agreement to abide by the rules of the Stockbridge Flower & Farmers' Market.)

Please draw a map to your farm on the back of this sheet. Attach an extra page if you need more space for your farm description. If your business requires licensing, attach a photocopy of your current license(s).

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TREASURER'S NOTES – OFFICE USE ONLY

Payment Rec'd _____ Date _____ Check # _____

Licenses provided? State Sales Tax _____ Health Dept. Certificate _____ Other _____

STOCKBRIDGE FLOWER & FARMERS' MARKET