

**Peekskill Farmers Market
2020 Outdoor Season
June 6, 2020* - November 21, 2020
Day & Hours: Saturdays 8:00AM – 2:00PM
Location: 1 Bank Street, Peekskill, NY 10566**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Vendor/Business Name: _____

Contact Person: _____

Mailing Address: _____

Contact Telephone: _____

Contact Email: _____

Website: _____

Facebook page: _____

VENDOR PARTICIPATION, please check one:

Option 1: I will participate in the Peekskill Farmers Market every Saturday beginning June 6, 2020 weekly thru November 21, 2020.

Option 2: I will participate in the Peekskill Farmers Market on the following dates:

Date	Attendance	Date	Attendance	Date	Attendance
06/06/20*		08/08/20		10/10/20	
06/13/20		08/15/20		10/17/20	
06/20/20		08/22/20		10/24/20	
06/27/20		08/29/20		10/31/20	
07/04/20		09/05/20		11/07/20	
07/11/20		09/12/20		11/14/20	
07/18/20		09/19/20		11/21/20	
07/25/20		09/26/20			
08/01/20		10/03/20			

*anticipated start date pending approval

Vendor Fees: Single 10'x10' space \$50/per week. Each additional 10x10 space \$25/per week

How many spaces will you need? _____

Marketing Fee: One-time seasonal application fee of \$75.00. Please include your check with this application. Weekly vendor fees can be paid by check or our online app or through our secure website.

Include answers to the following questions with your completed application form. Use separate sheets of paper, if necessary.

FARMERS: Provide a description of your business, include a description of your growing practices, any certifications (NOFA Certified Organic, Certified Humane, etc.) and a complete list of produce you grow and will bring to market:

PREPARED FOODS VENDORS: List products you want to sell at the Peekskill Farmers Market, including a list ingredients in your product and note ingredients that are locally sourced.

COVID-19 RESPONSE: Please provide an in-depth description of your food safety procedures in light of COVID-19.

ALL VENDOR ATTACHMENTS: Please provide copies of the following:

Proof of \$1 million in general liability insurance naming the Peekskill Business Improvement District, PO Box 206/105 South Division Street Unit 305, Peekskill, NY 10566 and City of Peekskill, 840 Main Street, Peekskill, NY 10566 as additional insureds.

Copies of applicable licenses/permits. Please list and attach copies:

PAYMENTS: (Cash payments will no longer be accepted this year).

- I will pay my vendor fee on a weekly basis.
- I will pay my vendor fee on a monthly basis.

- I will pay my vendor fee by check.
- I will pay my vendor fee through your online app or through your secure website.

Curbside Pick Up/Delivery:

We are contemplating offering curbside pick up at the market or farmers market delivery through one of our local businesses. Would you be interested in participating?

- Yes, I am interested, please let me know more details when you have them.
- No, I am not interested, but thank you for asking.

By signing this application, vendors agree to comply with the attached Peekskill Market Guidelines for Participation as they exist currently or come to be amended by the Market Manager and the Peekskill BID.

Vendor Business Name _____ Date _____

Vendor Signature _____ Date _____

If Paying Application Fee by Check: Make checks payable to "Peekskill BID" and include "Farmers Market" in the memo. Mail checks along with this application to:

Peekskill Farmers Market
Peekskill BID
PO Box 206
Peekskill, New York 10566