



Charlestown Land Trust  
P.O. Box 1387  
Charlestown, RI 02813  
401-364-9124 (ext.23)  
[www.charlestownlandtrust.org](http://www.charlestownlandtrust.org)

### 2019 Charlestown Land Trust Farmers' Market Vendor Application

#### Vendor Information

Farm/Business Name: \_\_\_\_\_

Your name: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Farm/Business address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_

Telephone Cell: \_\_\_\_\_

Foods/ Products/ Services I want to sell: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information (specific booth needs, other markets you sell at, concerns....):

\_\_\_\_\_

Regular attendance at the Market is required for *season long vendors*. Please list any dates you will not be in attendance due to vacation, crop availability, etc. \_\_\_\_\_

\_\_\_\_\_

#### Participation Agreement

I have read and agree to abide by the Charlestown Farmers' Market Rules.

X \_\_\_\_\_ Date: \_\_\_\_\_

\$200 annual fee payable upon acceptance

Please return this application along with copies of all applicable licenses, permits, and liability insurance to: **Charlestown Land Trust, Box 1387, Charlestown, RI 02813**