



HPFM Interest Form

Hyde Park Farmers' Market

Prospective Vendors

Name of Farm: _____

Person to Contact: _____

Address: _____

Telephone: _____

E-Mail: _____

Website: _____

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Desired attendance dates:

_____ - **Full Season** on the Square – Third Sunday in May – Last Sunday in October

_____ - **Partial Season** (e.g. every other Sunday, once/month, etc.)

Please explain: _____

Monthly -

June _____

July _____

August _____

September _____

October _____

Do you use Organic Methods? Yes No Not Sure

Are you certified organic? No Yes Who certifies you? _____

What, if anything, do you ever apply to your crops and soil, and when? (fertilizer, herbicides, pesticides, soil amendments, compost, manure) Please explain ...

Do you carry product liability insurance? Yes No

Carrier and Amount of coverage _____, \$ _____

Do you carry general liability insurance? Yes No

Carrier and Amount of coverage _____, \$ _____

Products (please list or describe all products you plan to sell, including ingredients and source for prepared foods):

