

Brookline Farmers' Market 2024 Season (Our 46th Season)

Thursdays, 1:30 p.m. to 6:30 p.m. -- June 6th- November 21st -- 24 Week Season (NO MKT. JULY 4th)

Approved Vendor Stall Application: Due by April 1st, 2024

Application must be received by April 1st, 2024 to attend the 2024 market. Mail to: Abram Faber, Treasurer, Brookline Farmers' Market, INC., 206 Clark Road, Brookline, MA 02445 - Or scan & email to manager.brooklinefm@gmail.com

Sales Tax #: (if applicable) _____			
First and Last Name of Vendor _____			
Name of Farm _____			
Address _____			
Town _____	State _____	Zip Code _____	
Phone # _____	Fax # _____	Cell # _____	
Email _____	Website _____		

General description of products to be offered for sale:

Do you accept Credit Cards at your stall? **Yes No** Do You Accept SNAP/EBT at your stall? **Yes No**

Type and size of vehicle to be at market _____

Each stall space has 10 feet of customer-facing frontage

Please circle JUST ONE of the eight squares to the right to indicate the number of stall spaces you will need and whether you will use the two installment payment option or the single payment discount option. **Mail checks to: Abram Faber, Treasurer, Brookline Farmers' Market, INC., 206 Clark Road, Brookline, MA 02445**

Please make checks payable to Brookline Farmers' Market, INC. There will be no stall fee refunds for missed markets.	1 Stall	2 Stalls	3 Stalls	4 Stalls
	Paid in 2 equal installments of \$756.00 - By May 1st & Aug. 29th	Paid in 2 equal installments of \$1,512.00 - By May 1st & Aug. 29th	Paid in 2 equal installments of \$2,268.00 - By May 1st & Aug. 29th	Paid in 2 equal installments of \$3,024 - By May 1st & Aug. 29th
	\$1,512.00	\$3,024.00	\$4,536.00	\$6,048.00
	OR	OR	OR	OR
	1 Stall	2 Stalls	3 Stalls	4 Stalls
	Paid in full by May 1st for the discounted rate of:	Paid in full by May 1st for the discounted rate of:	Paid in full by May 1st for the discounted rate of:	Paid in full by May 1st for the discounted rate of:
	\$1,464.00	\$2,928.00	\$4,392.00	\$5,856.00

Verification of Liability Coverage: Policy limit must be a minimum of \$1,000,000 per occurrence with a \$2,000,000 aggregate Limit

Sign below to assure that you have secured, and will maintain, a commercial general liability policy for your operation at the Brookline Farmers' Market, INC. Each vendor policy needs to list Brookline Farmers' Market, INC. as a certificate holder AND as an additional insured (or contain a blanket additional insured endorsement). You must attach a copy of your Certificate of Insurance to this form to confirm this coverage, or email a scan of it to us at manager.brooklinefm@gmail.com

Insurance Company _____

Policy # _____

Signature _____ Date _____

Name of Signer _____

Title of Signer _____

Acknowledgement of Market Rules and Regulations:

I have read the 2024 V.14 Market Rules & Regulations Agreement in its entirety. I understand the rules and I agree to abide by the rules & regulations of Brookline Farmers' Market, INC. I understand that any infraction made by me will be dealt with by the market management, and I will abide by the decisions of the market management in handling the infraction.

Signature _____ Date _____

Name of Signer _____

Title of Signer _____