
**East Aurora Farmers Market Association
New Membership Application**



Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____

E-mail: _____ Website: _____

Check Months You Plan To Sell:

May June July Aug Sept Oct Nov

Check Days You Plan To Sell:

Wed Sat

Please list any other markets/festivals in which you participate:

Please list all crops and/or products you plan to sell:

Do you have liability insurance in the amount of at least \$1,000,000 per incident?

Yes No

Does your business have a Dept. of Agriculture Inspection Certificate?

Yes No Not Required

Does your business have a NYS Department of Taxation Collection Certificate?

Yes No Not Required

I have read and understand the rules of the market and agree to abide by them.

Applicants Signature: _____ Date: _____

Return via post:

**East Aurora Farmers Market
PO Box 953
East Aurora, NY 14052**

Application received on ___/___/___ by _____

Board Approved on ___/___/___ by _____