



January 20, 2010

Greetings Vendors,

The West Cape May Farmers Markets will be entering her 9th season this year and the planning has already begun. By popular demand, the market will continue to run a full ten weeks this year, beginning June 29 – August 31, 2010, each Tuesday between 3:00 p.m. and 7:30 p.m. The market is located at the West Cape May Municipal Complex at the Backyard Park, 732 Broadway. Celebrating our fifth year in this beautiful location, we have had great success, wonderful support and set the mark for local markets. We look forward to another bountiful season!

Over the winter break, the Farm Market Committee of Volunteers has been busy working to update our written mission statement, rules & regulations, address issues and concerns from the 2009 market and to generally grow the market a bit bigger and better! We are excited to announce these improvements and hope that they will advance the goals of the Market while making the entire operation smoother.

The WCM Farmers Market Committee of Volunteers will review all applications to the market. You must be approved by the committee before attending the market. Any applicants who are denied will receive a full refund. Please read the enclosed rules and regulations for more information about the logistics of the market, below are some of the highlights.

Application and Per Booth Fees:

Please return your application by April 15th with a minimum **25% annual** booth fee deposit. An additional minimum 25% is due by 5/15 and Vendors who pay in full by 6/15/10 will receive a 10% reduction to the Season Rate. The per booth fees are listed below:

<u>VENDOR TYPE</u>	<u>\$ RATE</u>	<u>\$ SEASON RATE</u>	<u>PD. In FULL By 6/15</u>
Farmer	35	350	315
Artist / Crafter	35	350	315
Antique/Resale	35	350	315
Food	65	650	585
Winery	65	650	585
Non Profit**	NC	NC	NC
N P Fund Raiser**	35	(or 50% of daily profit/ whichever less)	
Electricity**	NA	50	45

**** Limited availability for Non Profits, Fund Raisers and electricity**

Vendors not taking advantage of the discount must pay a minimum 25% deposit by 4/15, An additional minimum 25% by 5/15 and in full by 7/15.

Important Insurance Update: Due to requirements of the Borough's Insurance carrier, all vendors and non-profit groups will continue to be required to provide WCMFM with evidence of *Liability* insurance. In an effort to simplify the vendor insurance requirements that apply to ALL Borough sponsored festivals (Farm Market, Tomato Festival, Lima Bean Festival and Christmas Parade Fundraiser in the Park) our staff have coordinated with our insurers and offer vendor ability to provide **just one certificate to cover any/all events you plan to participate in this year**. We have included sample copies of insurance certificate for your reference, including Commercial, Non Profit and Individuals. If you would like to take advantage of this single certificate option, the following additional named insured should be included:

- Borough of West Cape May
- WCM Farm Market Committee
- WCM Tomato Festival
- WCM Lima Bean Festival

Borough of West Cape May Farm Market Committee
732 Broadway West Cape May, NJ 08204
(609) 884-1005 ext 115

The Borough of WCM is registered for an insurance program for vendors through our insurer. The Tenant User Liability Insurance Policy (**TULIP**) is available for vendors/non profits using Borough facilities to register and obtain insurance if they do not already have insurance in place. This program is available via internet only at <https://www.ebi-ins.com/tulip> and requires credit card payment. Once logged into the site, enter the ID- **GNTI**- in the first box and **229** in the second box. Continue following online prompts. A quote will be provided before you commit to purchase coverage.

**Please check with your insurance carrier for information on your specific needs.

Website: The Borough of West Cape May has a great website, check it out at www.westcapemay.us. Farm Market information is available online, including the application, in case you need another copy. Please let us know if you are interested in providing business information to be linked to this site.

We are planning on another great market season filled with good fresh food, arts, crafts, antiques music and much more! Please return your completed application and fees as soon as possible. Don't hesitate to contact us with any questions, concerns or new ideas at (609) 884-1005 ext 115 or pkathern@westcapemay.us.

Thank you - we look forward to seeing you at the market!

West Cape May Farmers Committee of Volunteers

2010 West Cape May Farmers Market

Vendor Application

June 29 – August 31 2010

Please return application by April 15, 2010

Business Name _____

Mailing Address: Street/PO Box _____

City _____ State _____ Zip Code _____ County _____

Phone: Business (____) _____ Home (____) _____ Cell (____) _____

Email Address _____

Number of Booths Requested (10' x 10' each) _____

Health Permit # (If Applicable) Please attach copy of permit _____

Special Permit (if Applicable) *Please attach copy of permit or copy of enclosed application*

Product and General Liability Insurance Certificate(s) Please attach copy

Products You Plan To Sell Vegetables Fruit Foods Live plants
 Flowers Arts/ Crafts Antiques/Resale

Amount enclosed: (per 10 x 10 space) _____ A minimum 25% **annual** deposit must accompany this application and is refundable only if application is denied for the West Cape May Farmers Market. Vendors who pay 25% deposit by 4/15/10 and an additional 25% by 5/15/10 and pay in full by 6/15/10 will receive a 10% reduction to the Season Rate.

Electrical Request (as available at additional \$50 season charge) _____

Due by April 15, 2010

**Vendors not taking advantage of the discount must pay 25% deposit by 4/15
and an additional minimum 25% by 5/15 and in full by 7/15.**

I have read the enclosed *West Cape May Farmers Market* Rules and Regulations and agree to adhere to said Rules and Regulations

Signature _____

Date _____

Please return application to:
West Cape May Farmers Market 732 Broadway, West Cape May, NJ 08204

Office Use Only

Date Received _____ Check # _____ Amount _____

Insurance Certificate _____ Health Permit _____ Other _____

Approved 2010 _____ Notified _____

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