



Town of Herkimer Vendor Application

Business Name: _____

Type of Business: _____

Owner's Name: _____

Address: _____

Phone Number: _____ **Cell Number:** _____

Email Address: _____

Web site Address: _____

Applicants Name if different than owner: _____

Address: _____

Phone Number: _____ **Cell Number:** _____

Email Address: _____

Names of those will be working the event for/with the vendor:

1. _____

2. _____

3. _____

4. _____

Conditions:

1. Please provide a current certificate of Insurance naming the Town of Herkimer as additionally insured.
2. Associated Fee: Fee Waived for 2023 Farmers' Market.

Applicant Signature: _____ **Date:** _____

For Town Office Use:

Fee Accepted by: _____ **Date:** _____

Certificate of Insurance Accepted: _____ **Date:** _____

Access/Permission Granted: _____ **Date:** _____

Town Approval Signature: _____