

Francestown Community Market Vendor Application

2 New Boston Road, Francestown, NH 03043
Town Hall Grounds

Dates of Operation: May - October (**Rain or Shine**)

Time: 4-6:30pm every Friday, May-Sept. & 4-6pm month of October
Setup begins at 3:00pm

Vendor Name: _____

Business Name: _____

Address: _____

Phone: _____

E-mail: _____

Social Media Presence: _____

Description of your handcrafted, homemade, home baked/grown/raised products:

PLEASE INDICATE YOUR PREFERENCE:

Vendor Space Rates/Options: 12 shed spaces and 8-10 tent spaces on the lawn.

*Seasonal (26 weeks) \$60 - please indicate shed or tent space and list dates you are **NOT** able to attend:

*Partial Season (13 weeks) \$35 - Tent space only.

Please list the dates you **PLAN** on attending.

*Weekly or as a fill-in \$10 - tent space only unless filling in for another vendor.

Please list the weeks you **PLAN** on attending:

Can your contact information be shared with potential customers? YES () NO ()

May we use your business information & pictures for advertising? YES () NO ()

*All products must be pre-approved by the Francestown Community market manager and the Francestown Recreation Department. If you choose/plan to add products during the season, they must be pre-approved by the manager.

*Vendors must provide their own setup including tables, chairs, tents & weights, signage, display items & products.

*Setup time beings at 3:00pm and ready by 4:00pm.

*Vendors are expected at every market they have signed up to attend. If you are unable to attend for any reason please contact the market manager at least 24 hours in advance via email, Facebook messenger or text.

*Seasonal vendors will be assigned a permanent space at the first market.

*Vendors are encouraged to actively promote the market as well as treat each other and customers with courtesy and respect.

*Vendors will have access to power and WIFI connection. Cell coverage is spotty.

*Vendors will receive an email confirmation indicating receipt of application.

*If you are a food vendor it is recommended that you have liability insurance of at list \$1M to cover any issues that may come up regarding your food products.

I agree to assume full responsibility for any damage, loss, or theft to my property and agree that I will indemnity and hold harmless the Town of Francestown, the Francestown Community Market and the Francestown Recreation Department from any claim or cause resulting from my actions. I have read and understand the terms of participating in the Francestown Community Market as described above.

SIGNATURE: _____ DATE: _____

Please send completed application & check payable to the
Francestown Recreation Commission Trust Fund
TO: Pam Berry, 57 Wilson Hill Road, Francestown, NH 03043
By April 1, 2024

THANK YOU! We are looking forward to a great market season!
For all questions/concerns please contact:
Pam Berry - Market Manager
Email - francestowncommunitymarket@gmail.com
Facebook messenger or 603-533-0231

Please follow us on Facebook: www.facebook.com/francestowncommunitymarket

Office Use

Vendor payment rec'd: yes _____ no _____ Method: cash or check # _____

