



YMCA Southington Farmers Market Application

First/Last Name: _____

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____ **Cell Phone:** _____

Email: _____ **Website:** _____

Weekly: _____

Bi-Weekly Weeks of (choose one):

Option One: _____ 6/26
7/10
7/24
8/7
8/21
9/4
9/18

Option Two: _____ 7/3
7/17
7/31
8/14
8/28
9/11
9/25

Guest Dates - Please choose 4 Fridays:

Please email or mail completed YMCA Farmers Market Application to:

Southington YMCA
29 High Street
Southington, CT 06489

Attn: Lynn Nigro, Southington YMCA Farmers Market Manager
Email: lnigro@sccymca.org

Payment Instructions:

Payments will be due upon acceptance of the YMCA Farmers Market Application. Please do not send your check with application.

For questions or more information, please contact:

Lynn Nigro, Health & Wellness Program Director, Southington YMCA
Email: lnigro@sccymca.org | Phone: 860.426.1904

Please Initial and Acknowledge the following:

- I understand that this application is subject to review by the YMCA Farmers Market Manager and that this is not a guarantee of acceptance. I understand if I am accepted, an email will be sent officially confirming acceptance. I confirm that unless otherwise approved, I produce all the products I plan to sell at the market.
- I understand that if I am accepted as a vendor, I will need to provide payment for my vendor fee specified in the acceptance email in order to guarantee my approved market dates unless another arrangement has been agreed upon in writing.
- I have thoroughly read the 2026 Southington Farmers Market Agreement and I agree to abide by all rules and regulations and if I don't, I understand that I may be immediately terminated as a market vendor.
- I understand that I am responsible for holding the appropriate licensing as required by the State of CT and the relevant local authorities and if I don't, my status as a vendor may be suspended.
- I understand that if I am a food vendor or selling/sampling any edible products, I, the vendor, need to complete and submit the South Central Health District Application and submit it directly to the SCHD at the address below.

South Central Health District
196 North Main St.
Southington, CT 06489

Please sign the signature line below & initial the agreement terms above.

Owner Name (Please Print): _____

Signature: _____ **Date:** _____



***PLEASE RETURN WITH APPLICATION**

We, the undersigned parties, have read and understood the terms of the above Agreement. We hereby agree to accept and abide by those terms.

AS A CONDITION OF MEMBERSHIP, THE UNDERSIGNED MEMBER, HIS AGENTS, SUCCESSORS, AND ASSIGNS HEREBY IRREVOCABLY WAIVE ANY AND ALL RIGHT TO SEEK CONSEQUENTIAL OR OTHER DAMAGES AGAINST THE COMMITTEE AND THE SOUTHLINGTON COMMUNITY YMCA AND/OR ITS DIRECTORS, OFFICERS, AND EMPLOYEES.

THE MEMBER BY EXECUTING THIS MEMBERSHIP AGREEMENT DOES HEREBY AGREE TO DEFEND, AND DOES HEREBY INDEMNIFY AND HOLD HARMLESS THE COMMITTEE AND THE SOUTHLINGTON COMMUNITY YMCA (HEREINAFTER REFERRED TO COLLECTIVELY AS THE "COMMITTEE") FROM AND AGAINST ANY AND ALL LOSSES, DAMAGES, CLAIMS, COSTS OR EXPENSES, INCLUDING WITHOUT LIMITATION, LITIGATION COSTS AND ATTORNEY'S FEES AND EXPENSES AND FEES INCURRED BY THE COMMITTEE AND ARISING OUT OF OR IN CONNECTION WITH THE MEMBER'S PARTICIPATION IN THE SOUTHLINGTON FARMER'S MARKET. THE MEMBER AGREES THAT HIS OBLIGATIONS HEREUNDER SHALL BE CONTINUOUS AND SHALL SURVIVE EACH MEMBERSHIP SESSION.

FOR THE MEMBER:

**FOR The Southington Farmers
Market Committee:**

Name (First & Last Printed)

By Name Market Master

Signature

Signature

Date

Date



YMCA FARMERS MARKET