



TOWN OF CROMWELL FARMERS MARKET VENDOR APPLICATION

NAME: _____

BUSINESS/FARM NAME: _____

ADDRESS: _____

EMAIL: _____

BUSINESS PHONE: _____ CELL PHONE: _____

CONNECTICUT SALES TAX #: _____

CROMWELL HEALTH DEPARTMENT PERMIT # (IF APPLICABLE): _____

CONNECTICUT DRIVER'S LICENSE # (if no license #, D.O.B.): _____

List of all Employees working at the Town of Cromwell Farmers Market:

<u>NAME</u>	<u>CT DRIVER'S LICENSE #/DOB</u>	<u>CELL PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare, under the penalties of False Statement, as stated in Section 53a-157 of the Connecticut General Statutes, that the answers to the above are true and correct. In addition, if I have falsified, misrepresented or omitted any item in this application, I will not be entitled to participate in The Town of Cromwell Farmers Market.

Applicant Signature

Date

Print Name

Business/Farm Name