

# Lyons Farmers' Market Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Website: \_\_\_\_\_

Business Entity: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other

Please fill out and return to Lyons Chamber of Commerce  
P. O. Box 39  
Lyons, NY 14489

Lyons Farmers' Market would like to learn about your product and its connection to the local food movement. We will use this information to decide whether or not your product is a good fit for our farmers' market, so please be as detailed as possible. A decision will be rendered within 3 days of receipt of your request.

Please provide a detailed description of the product you will be selling. (Feel free to send a brochure or other marketing materials about your company and product, if available)

What is the product that you make and want to sell?

How long have you been in business?

Do you have experience selling your product?

If yes, where have you sold and at what volume?

Where is the product produced/processed?

If your product is processed, do you source local ingredients? Please list ingredients and from where they are sourced. (Attach a separate sheet if necessary).

Have you attained all necessary licenses, permits and certificates? If so, please list.

Are you insured? Please attach your liability insurance declarations page.

Have you taken any food safety courses? Please indicate which course.

Are you enrolled in any of the following?

\_\_\_\_\_ Farmers' Market Nutrition Program

\_\_\_\_\_ WIC Fruits & Vegetables Program