



North Andover Farmers Market
PO Box 552
North Andover, MA 01845

www.NorthAndoverFarmersMarket.org
info@northandoverfarmersmarket.org
508-423-6709

2017 Vendor Check List

1. ____ **Completed Market Vendor Application**

2. ____ **Payment:** a check payable to the **North Andover Merchants Association.**

3. ____ **Copy of your 2017 Vendor Liability Insurance:** (needed in event of injury or damage caused by vendor negligence or misconduct). If you have any questions regarding vendor liability insurance, contact your local insurance agent.

If you are selling any food *other* than whole fruits and vegetables or if you plan to serve, cut or offer samples of any food, fruit or vegetable product, you will require:

4. ____ **Copy of your 2017 North Andover Board of Health Temporary Food Permit**

Send the above documents by **May 1, 2017**