

## ***Sodus Farmers' Market 2026 Application***

**Sodus United Third Methodist Church**

58 W. Main St., Sodus, New York 14551

Questions? Call or email: Gloria Mayou: 585-255-0265, Char DeFisher 315-573-4042

[MarketSodusFarmers@gmail.com](mailto:MarketSodusFarmers@gmail.com)

**Weekly: Wednesdays 2:30 to 6 PM; June 10 – October 7**

Vendor: \_\_\_\_\_  
Business name

Address: \_\_\_\_\_  
# and Street

\_\_\_\_\_ Town \_\_\_\_\_ zip

Contact name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(please **CIRCLE** best number to reach you in the AM on market day)

Vendor Space is \$10 per space per week. If you wish to prepay for the entire 2026 season (18 market days: June 10-Oct. 7) the cost will be \$125 for each vendor space. ***Prepaying for the season (DUE at or before Vendor Meeting on June 7) gives the advantage of reserving the same space for the season as well as a \$55 saving.*** For those needing electricity, we may add a small pro-rated fee to help defray this expense. Weekly fee payers will be assigned a space upon arrival each week. We are a WIC and FMNP approved market and are required to furnish this information to the NYS Agriculture Department to maintain our approved status each year.

### **Return this application and required documents for your vending status:**

***Please Note:*** If you are reserving for the entire season, enclose a check for \$125.00 (***at or before the June 7 Vendor Meeting***) for each space, payable to:

**Sodus UTMC and designate “Farmers’ Market” on the notation line.**

*(weekly vendors may prepay or payment is due on the Market Day attending)*

### **\*ALL VENDORS:**

Please download and read the Market Rules document. Sign the Vendor Agreement to signify your agreement.

**Please provide a copy of all permits/certificates for our files**

Insurance Certificates must list **Sodus United Third Methodist Church** at the bottom of the certificate.

### **\*Required for Farmers:**

- Completed and signed application
- Crop plan FMC 12
- Farmer Participation Agreement FMC 6
- A copy of your Insurance Certificate
- Payment (check made out as instructed above if you plan to be a prepaid/seasonal vendor).

### **\*Required for Prepared food vendors, Crafters and Other Vendors:**

- Completed and signed application (omit Step two)
- A copy of your Insurance Certificate
- New York State tax Certificate (for display at Market)

***Please Note:*** Food Vendors are responsible for contacting the **Wayne County Health Dept.** and becoming acquainted with and following laws that apply to you. Food vendors are required to have and display either food service or health certificate.

**Review and sign Vendor Agreement on next page.**

# Sodus Farmers' Market Vendor Agreement

I have read, understand and agree to abide by and comply with the Market Rules. The information I have provided in my application is true and complete. I agree to abide by any applicable local, state and federal laws or regulations. I agree to indemnify and hold harmless the Market, its volunteers, its management, the Sodus United Third Methodist Church, and the village of Sodus for any losses or damages, however incurred.

Signature (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

Market Team Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## Vendor Checklist -

- Application / Signed Vendor Agreement
- Insurance certificate
- Payment
- Sales Tax Certificate/ Permits if applicable
- Forms FMC 12 / FMC6 (if necessary)
- Get to Know You Form

Let us get to know you  
"This will help us to promote your business!"

Please tell us about yourself \_\_\_\_\_

Your business \_\_\_\_\_

Your product \_\_\_\_\_

Share any other info about your business \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete and submit all necessary forms and your payment.

## ***Mail to:***

Sodus Farmers' Market, 58 W. Main St., Sodus, NY 14551

***or***

***Complete electronically, attach and email to:***

MarketSodusFarmers@gmail.com