



Bloomfield Community Farmers Market 2022 Vendor Application

Form Completion Check List

Please use this check-list to ensure that your vendor application is complete. Please note that the Bloomfield Farmers Market Committee reserves the right to decline any vendor with an incomplete application. All interested vendors must submit a completed packet to the Clerk's Office by 3/21/22.

Township of Bloomfield
Attn: Clerk's Office
1 Municipal Plaza, Room 214
Bloomfield, NJ 07003

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- Checklist with completed items checked off
 - Completed Farmers Market Vendor Application
 - Completed W-9 form
 - Certificate of Insurance with naming the following as the **certificate holder** and **additional insured:**

Township of Bloomfield
1 Municipal Plaza
Bloomfield, NJ 07003

*** Certificate of Insurance must include Commercial General Liability, including Products coverage for Personal Injury and Property Damage Liability of not less than one million dollars (\$1,000,000) for each occurrence and two million dollars (\$2,000,000) annual aggregate. ***

Check or money order with the \$600.00 fee made out to the **Township of Bloomfield** with "Bloomfield Community Farmers Market" in the memo section.

The section below is for any vendor wishing to sell any prepared food and/or beverages

- Completed Board of Health Business License Application
- Check or money order with the \$30.00 fee made out to the **Bloomfield Health Department** with "Community Farmers Market" in the memo section.

If you have any questions about the application process please contact the Director of the Bloomfield Parks, Recreation & Cultural Affairs Department at 973-743-9074 or msceurman@bloomfieldtwpnj.com prior to submitting your application



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The market will take place in the Bloomfield Public Library courtyard, 90 Broad St. on Tuesday afternoons from 3:30 pm – 6:30 pm from June 7th to October 25, 2022. All vendors are required to submit a completed application, a W-9 form and submit all applicable registration fees by March 21, 2022 in order to be considered to become certified vendor.

The Township of Bloomfield, in partnership with Bloomfield Neighbor to Neighbor Network will be offering vouchers, called Market Cash, to qualifying families to be used in exchange for money for food purchases. Each voucher will be valued at a certain dollar amount. All vendors will be reimbursed by check, for the total amount of the vouchers they submit at the end of each event.

VENDOR REQUIREMENTS

All vendors must arrive between 2:00pm - 3:00pm to set up for a 3:30 pm start time. Vendors must supply their own tents, tables, chairs and other equipment necessary for display of products for sale.

Business Name:	Contact Name:
Business Address:	Cell Phone:
Website URL:	Email:
Instagram Handle:	Facebook URL:
What items will you be selling?	
Number of spaces needed: (10'x10')	
Is your vehicle part of your display? Y / N	

Registration Fees are based on \$30.00 per event and all vendors are strongly encouraged to attend all 21 weeks during this season. *Schedule and rates may be pro-rated based on a \$30/week fee at the discretion of the committee.*

Season June 7 – October 25 = \$600.00

The Bloomfield Community Farmers Market will be held rain or shine. The Township gives each vendor the discretion to participate or cancel during inclement weather; however, there will be NO REFUND for personal scheduling conflicts or inclement weather. If we exceed our maximum capacity for vendors, vendors from Bloomfield, the greater Bloomfield area and/or vendors who choose to



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participate for the entire season will be given preference. All registration fees are nonrefundable/non-transferrable. As a courtesy, we have applied a \$30 discount for the entire season.

Any vendor selling prepared food and/or beverages will also need to complete a [Board of Health Business License Application](#) as a temporary food vendor. The one-time fee for this license is \$30.00 (checks payable to Bloomfield Health Department). **This application/fee is in addition to the Farmers Market Application and fee.**

If you are approved by the Farmers Market Committee to sell prepared food and/or beverages you will be notified and your application and fee will be submitted to the Bloomfield Health Department. They will contact you directly about scheduling an inspection prior to or the day of the event. If you have questions about the Health Department application process please call 973-680-4024.

INSURANCE

At its own expense, the vendor must secure and maintain the following insurance coverage during the term of the agreement: Commercial General Liability, including Products coverage for Personal Injury and Property Damage Liability of not less than one million dollars (\$1,000,000) for each occurrence and two million dollars (\$2,000,000) annual aggregate.

Along with this application, please submit proof of insurance naming the Township of Bloomfield as the **certificate holder and additional insured.**

I certify that I have read and understand the above information and will comply with the minimum food safety requirements at the Bloomfield Community Farmers Market and with all federal, state, local health safety protocols and labor standards. I will also obtain a Food and/or Fire Permit if applicable.

*All vendors that participate in the 2022 Bloomfield Community Farmers Market shall agree to defend, indemnify and hold harmless the Township of Bloomfield and its officers, employees, servants and agents from all claims, suits or actions of every kind or character made upon or brought against the Township of Bloomfield and its officers, employees, servants and agents for or on account of any injuries or damages which shall arise, in whole or in part, out of, in the course of or as a consequence of any willful or negligent act or omission or tortious act or omission of the Vendor, its employees, agents or subcontractors, in the performance of the said work or in the consequence of any negligence in the operations or any improper material or equipment used, or by or on account of any act or omission of Vendor or its servants, agents or employees. This indemnity shall include attorney's fees and costs and all other expenses incurred in the defense of any suit. **The Township of Bloomfield reserves the right to cancel any contract with a vendor at any time if deemed necessary.***

Vendor Application, W-9 Form, Insurance Certificate, Payment and separate Health Department application/fee (if applicable) must be mailed or dropped off by 3/21/22 to:

Township of Bloomfield
Attn: Clerk's Office
1 Municipal Plaza, Room 214
Bloomfield, NJ 07003

Business Name: _____

Primary Contact: _____

Print Name _____

Signature: _____

Farmers Market Fees Enclosed: _____

Health Department Fees Enclosed: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.