



LAFAYETTE VILLAGE ASSOCIATES LLC
75 STATE ROUTE 15, UNIT 51
LAFAYETTE, NJ 07848

FARMERS MARKET VENDOR EVENT APPLICATION

Farm/Craft Vendor Name: _____

Contact: _____

Mailing Address: _____

Email Address: _____

Web Address: _____

Contact at Market: _____ Mobil: _____

Farm Vendor or Craft Vendor (please circle)

What do you sell? _____

Organic Grower? _____

Other Certifications? _____

The Shoppes At Lafayette will require a copy of applicable vendor registrations, Payments, Insurance Certificates, and Food Handlers/Health Dpt Licenses.

Spaces are 10' x 10'. Number of spaces needed: _____

Special Requirements needed: _____

PLEASE RETURN APPLICATION TO: The Shoppes At Lafayette
75 State Route 15, Unit 51
Lafayette, NJ 07848

Email: shoppesatlafayette@gmail.com

Please Note: The Farm Market Manager does review each application to reduce redundancy