



The Ticonderoga Area Farmers Market will be operating each Saturday from July 12th – September 6th, 2025 from 9:00 AM to 12:00 Noon in Downtown Ticonderoga, with a couple of pop-up markets scheduled. The market will be behind Glens Falls National Bank in a beautiful grass area with plenty of surrounding parking. We hope you can join us as we plan for the future of the market. If you are not able to commit to the entire season (we would prefer), you might consider joining us for a few markets or even as a special guest. **However, it is essential to commit to the dates you choose.**

Enclosed you will find the following information and forms:

- Ticonderoga Area Farmers Market 2025 Application, Vendor Contract, Market Rules, & Market Flyer
- Copy of NYS Ags & Market INFO (if needed)
- Additional Information & Resources (including insurance resources)

Please review the documents, complete, and return them to the TACC (94 Montcalm Street, Suite 1 – Ticonderoga, NY 12883) by June 20th, 2025. And do not forget to call your insurer for the insurance documentation that is required.

2025 Ticonderoga Area Farmers Market Special Events:

- July 12th: Family Fun & Emergency Services Appreciation Day
- July 26th: StreetFest from 10:00 AM to 3:00 PM
- August 9th: Local Artisans & Authors Day
- August 23rd: Community Non-Profit Day
- September 6th: History Speaks

Pop-Up Markets will take place on Saturday, September 27th at FallFest from 12 Noon to 3 PM and on Friday, December 5th for a Holiday Market from 5 to 8 PM as part of the Annual Ticonderoga Area North Country Christmas Celebration/Holiday Shopping & Dining Night. Mark your calendars.

It is essential that you commit to and follow through on the dates you choose to attend. Inconsistency not only affects the overall market but fellow farmers and vendors. Please help us recruit farmers and vendors you know as well!

Thanks to each farmer, vendor, volunteer, supporter, and sponsors, our Market has grown and developed. We are honored to be planning this year's market, and we are confident that this will be another productive and fruitful season. The market committee has made some adjustments and initiated some new aspects for the 2025 Ticonderoga Area Farmers Market season, based on farmer, vendor, and attendee feedback.

Adjustments & New Aspects:

The market will run until September 6th rather than until the end of September. This will allow the committee to focus on expanded offerings, pop-up markets, additional events and activities, as well as additional support.

- **Expanded & New Special Events**
- **Weekly Music** (mix of musicians & bands are being scheduled) & **Weekly Free Giveaways** (sponsored by local businesses, organizations, & individuals)
- **Marketing Workshop For Farmers & Vendors** (will be scheduled if farmers and vendors are interested)
- **One-On-One Support, Assistance, & Insurance Resources For Farmers & Vendors** (reach out to Team TACC to schedule an appointment for assistance with marketing, social media, technology implementation, etc.)
- **New Farmers Market Rack Cards & Flyers** (these will also be provided to local businesses, restaurants, and lodging properties)
- **Email Sign Up** (attendees will be able to sign up at the market for e-communications for news, updates, and announcements)

As a reminder it is also important to utilize all your marketing resources to share information on the market and encourage your followers to visit you each Saturday.

If you have any questions or if we can be of assistance, please do not hesitate to reach out. Thank you for working with the TACC and this volunteer committee to make the Ticonderoga Area an exceptional place to live, work and visit.

Sincerely,

Ticonderoga Area Farmers Market Committee

farmersmarket@ticonderogany.com or (518) 585-6619



TICONDEROGA AREA FARMERS MARKET APPLICATION 2025

Please note that you are registering to participate in the market described below. Before completing the application, please read through the Terms and Conditions Section.

Each vendor/farmer must provide the Chamber with a certificate of insurance for the Farmers Market naming TACC as additional insured. Please submit with your paperwork.

FARMERS' MARKET NAME: **Ticonderoga Area Farmers Market**
FARMERS' MARKET LOCATION: **Downtown Ticonderoga**

DAYS/HOURS OF OPERATION: **Every Saturday: 9AM to 12 PM, July 12th – September 6th**
**Except Saturday, July 27th for StreetFest which will be from 10 AM – 3 PM.*
**See INFO on Pop-Up Markets.*

Please complete the entire application, providing all requested information. Applications must be submitted to the Chamber office by 4:00 PM on Friday, June 20, 2025!

VENDOR INFORMATION

BUSINESS NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ EMAIL: _____
TYPE OF VENDOR: ☐ FARMER ☐ CRAFT VENDOR ☐ OTHER _____
DESCRIPTION OF PRODUCTS TO BE SOLD: _____

HAVE YOU PARTICIPATED IN OTHER FARMERS' MARKETS BEFORE? ☐ YES ☐ NO
WILL YOU BE PARTICIPATING IN OTHER MARKETS THIS YEAR? ☐ YES ☐ NO
IF SO, WHICH MARKETS: _____

By signing below, I hereby acknowledge that I have read and agreed to the Terms and Conditions as stated in the Vendor Application, Vendor Contract, and the Farmers Market Rules.

SIGNATURE: _____ **DATE:** _____



VENDOR CONTRACT

2025 TICONDEROGA AREA FARMERS MARKET TERMS AND CONDITIONS

‘These terms and conditions are an agreement between the Ticonderoga Area Chamber of Commerce/Ticonderoga Area Farmers Market, hereafter called TACC, and you, the Vendor, hereafter called VENDOR, to display and sell goods at the Ticonderoga Area Farmers Market in Downtown Ticonderoga. TACC is the market sponsor and, thus, the governing body.

MISSION: The Ticonderoga Area Farmers Market serves the greater Ticonderoga area by providing access to locally grown, fresh, high-quality produce and products and to provide local farmers, producers, and artisans with a viable economic outlet within historic Ticonderoga. The Ticonderoga Area Farmers Market strives to bring more foot traffic downtown, fostering a more profitable environment for local merchants to strengthen their businesses. The Ticonderoga Area Farmers Market endeavors to enhance the quality of life in Ticonderoga by creating a social opportunity to gather and interact in a vibrant market atmosphere.

1. **OPERATIONS:** The Ticonderoga Area Farmers Market will operate from July 12th through September 6th, 2025. VENDOR agrees to the day and hours of operation and will advise TACC if there are dates, they are unable to attend at least 1 month in advance. TACC will create a list of vendors for each date.
2. **ATTENDANCE:** VENDOR agrees to participate weekly – Saturdays from 9:00 AM to 12:00 PM – throughout the Farmers’ Market season, unless other arrangements have been made and approved by Market Manager or sponsor. If VENDOR is unable to attend, VENDOR must contact TACC at 518-585-6619 and/or notify the Market Manager via email that you, the VENDOR will be absent. Failure to notify of absence may prohibit future participation in the Ticonderoga Area Farmers Market. We offer attendance flexibility but require advance notice. **It is essential to commit to the dates you choose.**
3. **ATTENDEE:** VENDOR must be 18 years of age or older. No person under the age of 18 is permitted to operate unsupervised in the market. If a person under the age of 18 is assisting, the adult – person 18 years of age or older – must always accompany the minor. At no point will the minor be left unattended. VENDOR is solely responsible for any individuals they recruit to assist in the operation of VENDOR’S booth.
4. **SPACE:** TACC in conjunction with the Town of Ticonderoga has provided the location for the Farmers Market. Each VENDOR can have as much space as required to set-up and sell their goods as long as there are no infringements upon another VENDOR. The Market Manager will assign spaces in coordination with all VENDORS.
5. **SET-UP AND TAKE DOWN:** VENDOR is responsible for all equipment and supplies required to set-up and sell their goods. TACC is not responsible for providing equipment and supplies, nor is TACC responsible for any equipment and supplies used. VENDOR may begin setting up as early as needed on Saturday mornings. VENDOR must be ready to operate and open for business by 9:00AM and remain operational, selling their goods until 12:00PM. VENDOR shall not take down until after the closure of the market at 12:00PM. Each VENDOR is responsible for cleaning up the area they occupy. Failure to do so may leave the VENDOR financially responsible for cleanup. The use of pop-up tents is recommended. It is the responsibility of each VENDOR to ensure the tent is secured using tent stakes and tent weights. This is a requirement.

6. **DISPLAY:** VENDOR will display signage with name, address and business name. **VENDOR will display all products to be sold and will clearly post prices (quantity/unit) for all to see.** VENDOR must make all goods to be sold accessible for inspection if required.
7. **FEES:** TACC will charge VENDOR fees in accordance with fees outlined in the Market Rules for participation in the Ticonderoga Area Farmers Market. VENDOR could incur additional fees if failure to remove refuse occurs. The 'Cleanup Fee' will be \$50 plus whatever cost may be incurred for trash disposal. This fee is in addition to any littering fees VENDOR may incur for their actions
8. **CONTRACT TERM:** The term of this agreement is from July 12th through September 6th, 2025 contingent upon the stipulations detailed above. TACC reserves the right to cancel a contract with any VENDOR at any time if TACC finds VENDOR is not fulfilling the requirements set forth in this agreement. **VENDOR must provide TACC with a certificate of insurance as well as return all required paperwork to the NYS Farmers Market Nutrition Program, if appropriate.**
9. **MARKET RULES:** The VENDOR will follow all market rules outlined within this document, application, and the market rules document. All VENDORS will adhere to the guidance given by the Market Manager.

These terms and conditions constitute the agreement between TACC and you, the VENDOR. Your signature below indicates your understanding, acceptance of, and agreement to the full Terms and Conditions contained herein.

VENDOR Signature: _____ Date: _____

TACC Representative: _____ Date: _____

TACC OFFICE NOTES:



2025 Market Rules

Season: July 12th through September 6th, 2025

Schedule: Saturdays from 9:00 AM to 12:00 PM

Location: Downtown Ticonderoga – Behind Glens Falls National Bank (Corner of Champlain Avenue and McCormick Street) **Note location changes for specific events.*

Products/Vendors Allowed:

- Farmers who grow (on owned or leased land) 50% of fruits and vegetables offered.
- Any locally grown, raised, produced products. Foods or products produced within a 100-mile radius of Ticonderoga including Vermont, are considered local. All products must be displayed for easy access with prices clearly posted.
- Local businesses (TACC Members).
- Vendors.
- Vendors as special guests.

**Contact the Market Manager for additional information or specific requirements.*

Insurance: *Farmers and vendors must provide proof of general liability coverage, “a certificate of liability insurance”, and name Ticonderoga Area Chamber of Commerce at 94 Montcalm Street, Suite 1, Ticonderoga, NY 12883, as additional insured. A current certificate must be filed with the Market Manager.*

Fees: The Ticonderoga Area Chamber of Commerce offers an agricultural membership for \$160.00 which includes, along with all Chamber Membership Benefits, a season pass to the Farmers Market. Chamber members can attend without charge, as a Chamber benefit. *For those without a Chamber membership, the fee is \$20.00 per market.* The Market Manager will collect Fees and provide receipts once the Market is underway. Checks can be written to TACC.

General Rules:

- Specific locations within the market for farmers and vendors will be assigned by the market manager.
- Be respectful of all farmers, vendors, volunteers, staff, and attendees.
- Commit in advance to the markets you will be attending as a farmer or vendor (preferably prior to season starting).
- Follow the above rules for products allowed.
- Provide a current certificate of insurance.
- The use of pop-up tents is recommended. It is the responsibility of each farmer and vendor to ensure the tent is secured using tent stakes and tent weights. **This is a requirement.**
- TACC Membership Investment must be paid prior to the market, or the weekly market fee must be paid on the day of each market. **No exceptions.**
- Follow all guidance from the Market Manager.

Complaints: All Complaints must be addressed in writing to the Market Manager.

State, County, & Town Rules:

- Farmers participating in the FMNP (NYS Farmers Market Nutrition Program) Program **MUST** adhere to the FMNP Rules and Procedures for Farmers.
- Vendors **must** comply with all State, County, and Town Rules.
- All applicable **permits** and licenses for products sold **must** be obtained and kept current. A copy should be submitted to the Market Manager for filing.
- All Ticonderoga Area Chamber of Commerce market rules **must** be followed and any direction given by the Market Manager.

Liability Insurance for Farmers Markets

The Ticonderoga Area Farmers Market requires farmers and vendors to provide proof of general liability coverage, specifically "a certificate of liability insurance", and name Ticonderoga Area Chamber of Commerce at 94 Montcalm Street, Suite 1, Ticonderoga, NY 12883, as additional insured. This certificate is mandatory and must be filed with the Market Manager.

We suggest contacting your current insurance company for this coverage or the Chamber for a list of local insurance companies. If they are unable to provide the insurance at a price point you are comfortable with, please explore the resources below.

Resources:

ACT Insurance

ACT Pro Policy

Annual policy providing coverage for an entire year

Starts at \$279 or \$24.25/month

Website: <https://get.actinsurance.com>

Email Address: INFO@ACTINSURANCE.COM

Office: (844) 520-6991

Fax: (801) 763-1374

"Policies can be easily purchased within minutes with our online form. There is no waiting for a quote, and your policy is effective as soon as your online payment processes."

Campbell Risk Management

Annual policy providing coverage for an entire year

Starts at \$285

Website: <https://www.campbellriskmanagement.com>

Email: ispilker@campbellrisk.com

Office: (317) 848-9075

Fax: (317) 848-9093

"Campbell Risk Management understands your unique product and general liability coverage needs. We understand what event managers are requiring you to have and will help you meet those requirements with as little cost and hassle as possible."

NOTE: Both of these companies specialize in farmers market insurance and have easy to use on-line applications, providing immediate results. This means you will be able to obtain the policy as well as the required certificate once you complete the payment process.

4.2.2025 jec

TICONDEROGA AREA FARMERS MARKET

EVERY SATURDAY
JULY 12TH - SEPTEMBER 6TH
9:00 AM - 12:00 NOON

2025 SPECIAL EVENTS @ THE MARKET:

JULY 12TH: FAMILY FUN & EMERGENCY SERVICES APPRECIATION DAY

JULY 26TH: STREETFEST (MONTCALM STREET) FROM 10 AM TO 3 PM

AUGUST 9TH: LOCAL ARTISANS & AUTHORS DAY

AUGUST 23RD: COMMUNITY NON-PROFIT DAY

SEPTEMBER 6TH: HISTORY SPEAKS

2025 POP-UP MARKETS:

SATURDAY, SEPTEMBER 27TH: FALLFEST FROM 12 NOON TO 3 PM

FRIDAY, DECEMBER 5TH: HOLIDAY MARKET FROM 5 - 8 PM

DOWNTOWN TICONDEROGA

MARKET & PARKING BEHIND GLENS FALLS NATIONAL BANK!

INTERSECTION OF CHAMPLAIN AVENUE & MCCORMICK STREET

**FARMERS, VENDORS, LIVE MUSIC,
WEEKLY GIVEAWAYS, SPECIAL EVENTS,
KIDS ACTIVITIES, FOOD & MORE!**

FOR MORE INFO

CALL: 518-585-6619

VISIT: WWW.TICONDEROGANY.COM

EMAIL: FARMERSMARKET@TICONDEROGANY.COM

LIKE & FOLLOW THE TICONDEROGA AREA FARMERS MARKET FACEBOOK PAGE!



North Country
RURAL DEVELOPMENT COALITION



GERAW'S OK
SANITARY

Stewart's
Shops



Farmers' Market Nutrition Programs (FMNP)
FARMERS' MARKET PARTICIPATION AGREEMENT (FMC-8.1)

Rev 1/2025

Farmers' Market Name: _____

A farmers' market is a location where two or more bona fide farmers attend the market each week. More info in the rules (FMC-04).

Market Operating Information. Use the table below to indicate open and close dates and write in hours for the day of the week for each location the farmers market operates throughout the year (i.e. summer/winter).

Location Description #1. _____ Market County: _____

Physical Address: _____ City: _____ Zip: _____

This location operates each: ☐ Week ☐ Month ☐ Alternate week ☐ Other _____

(Optional): Location #2: _____ Address: _____ City: _____ Zip: _____

This location operates each: ☐ Week ☐ Month ☐ Alternate week ☐ Other _____

Location (e.g. town hall)	Start and End Dates (e.g. April 1-Nov 30)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
#1.								
#2.								

Market's Administration. Who is involved in market management. Contact person name and phone is required and will be published.

Who sponsors the market? (i.e. an organization; farm, etc.): _____

Market website/social media (URL): _____

Market Contact Person: _____ Email: _____

Contact Mailing Address: _____

Contact Phone (required and is published): _____ Cell Phone: _____

☐ Manager information is the same as market contact person information above.

Market Manager Name: _____ Email: _____

Manager Mailing Address: _____

Manager Phone: _____ Cell Phone: _____

Does the farmers' market operate a centralized SNAP EBT program (tokens)? ☐ Yes ☐ No ☐ In progress ☐ Don't know

Does the market operate a SNAP based incentive program? (check if yes): ☐ FreshConnect Checks ☐ NYC Health Bucks

☐ CNY Health Bucks ☐ DoubleUp Bucks ☐ Other _____

Attachments. Provide additional documentation and rules. Incomplete applications will not be processed.

Attached is the ☐ Vendor List (FMC-11) **AND** the ☐ rules for our market (or, ☐ please use previous year rules on file.)

Signature of Applicant. I acknowledge that I, the representative of the farmers' market, have read and agree the market and its administration to abide by the current year NYS FMNP "Rules and Procedures for Markets (FMC-4)".

By signing below, I certify that all information provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name (printed): _____

Please submit form and attachments to:

Email: farmersmarkets@agriculture.ny.gov

Fax: (518) 457-8398

Questions? (518) 457-7076 x1 or Toll Free: (800) 554-4501

Mail: NYS Department of Agriculture and Markets
Attn: FMNP 10B Airline Drive, Albany, NY 12235



VENDOR LIST (FMC-11)

Instructions: Fill in the information below for every fruit and vegetable vendor anticipated to attend or currently attending your market during the FMNP season (June 1 – November 30). The vendor information should be specific to each market day and location. For example, if your market operates on Tuesday and Thursday, submit a separate vendor list for each market day. Include both farmers (growers) and dealers. If the vendor is participating or plans on participating in the FMNP, provide the additional information requested for FMNP farmers; if new to the FMNP this year, write "new" when asked for the FMNP ID number. Make copies of this form if needed. **Additional space is on the back side of the form.**

(Is this form needed for your market? Read the FMNP Rules and Procedures for Markets (FMC-4) to find out.)

Market Name: _____ Day: ☐Mo ☐Tu ☐We ☐Th ☐Fr ☐Sa ☐Su

How many total vendors participate in the market (e.g. produce, meat, dairy, hot food, craft, etc.): _____

Full-season (e.g. vendor commits to being there every week during FMNP season): _____

Partial-season (e.g. vendor commits to being there select weeks/months during the season): _____

Daily (e.g. vendor has no commitment; might only attend the market one single day per season): _____

Business Name (#1): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Business Name (#2): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Signature of Applicant. I acknowledge that I have read and agree to abide by the FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information provided on the FMC-11 is true and correct to the best of my knowledge.

Signature (required): _____ Date: _____

Print Name: _____ Title: _____

Submit form, AND Market Participation Agreement (FMC-8) AND rules for the market to:

Email: farmersmarkets@agriculture.ny.gov

Mail: NYS Dept. of Agriculture and Markets Attn: FMNP
10B Airline Drive, Albany, NY 12235

Fax: (518) 457-8398

Questions? Albany: (518) 457-7076 x1 Toll Free: (800) 554-4501



VENDOR LIST (FMC-11)

Business Name (#3): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐ Yes ☐ No ☐ Unknown

Business Name (#4): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐ Yes ☐ No ☐ Unknown

Business Name (#5): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐ Yes ☐ No ☐ Unknown

Business Name (#6): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐ Yes ☐ No ☐ Unknown

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information provided on the FMC-11 is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____