



Malta Spring Market Craft and Vendor Fair

The Malta Department of Parks, Recreation and Human Services invites you to participate in the **Malta Spring Market** to be held on **Saturday, May 30, 2026**, from **9:00am-3:00pm** at the David R. Meager Malta Community Center at 1 Bayberry Drive in Malta NY.

Please read application and rules carefully, complete forms and sign the Hold Harmless Agreement. **Registration opens on January 12, 2026 and will go until all spots are filled.**

Please complete the form below in full. Check, cash or credit/debit card are all accepted as forms of payment. WE DO NOT ACCEPT AMERICAN EXPRESS.

Business Name _____

Owner/ Contact Name _____

Address _____

Home _____ Cell _____

E-Mail _____ D.O.B. ____/____/____
(Required to register in our program)

Please provide a detailed description (be specific) of **all** the items you intend to sell. A photo of your inventory and your display must accompany your application. We will **not** process your payment until we see your products and accept you as a vendor. We reserve the right to reject any vendor.

You may be asked to remove any items that you fail to list here but bring to sell on the day of the fair.

Booth space measures *approximately* 10'x 8' or 8'x10'. Payment for booth is **non-refundable**. Price of space varies for this show.

Indoor spot: \$45

Outdoor spot: \$35

Food Truck: \$50

Indoor spots are limited and available on a first come first serve basis. When they are full, you may be offered an outdoor spot.

We are only offering **5 Food Truck Spots**. If you are interested in these spots, please fill out the application ASAP.

A limited amount of booth space with access to an electric outlet is available on a first-come basis. Electric spots will be an additional \$10. Due to the limited spaces, you may only have **one** spot with electric access. No electric access outside.

Please Check One

____ **Indoor spot: \$45**

____ **Outdoor spot: \$35**

____ **Food Truck spot: \$50**

Number of spaces requested: _____

Do you need electricity? Y / N Additional \$10

Total \$ _____

Card Holder: _____ Card Number _____ - _____ - _____ - _____

Expiration Date: _____ CCV: _____

Yes, I have included a certificate of insurance naming the Town of Malta as additional insured (see show rules) _____

No, I have not included a certificate of insurance because I am a home business _____

**Vendors selling a food product or skincare product must provide an insurance certificate.*

Please make checks payable to: Town of Malta

Mail check, photos, completed registration form, insurance certificate, and Signed Hold Harmless form to:

Andrea Croteau

Malta Community Center

1 Bayberry Drive

Malta, NY 12020

Or Email: acroteau@townofmaltany.gov

TOWN OF MALTA HOLD HARMLESS AGREEMENT

By signing below the Vendor; _____

(Name / Business)

Upon payment and/or participating in this activity, I agree to indemnify and hold harmless the Town of Malta Parks & Recreation Dept., The Town of Malta, its employees, personnel, independent contractors and volunteers from any and all liability for injuries or damages which may arise as a result of participating in this activity. I assume all risks and hazards incidental to participation on behalf of myself or my child, including but not limited to, exposure to the novel COVID-19 virus. I recognize the difficulties and challenges that may be involved in participating in this activity and I or my child are physically and mentally fit to participate and have not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut-free programs, I understand that the Town cannot guarantee that the programs or the premises in which it is held is totally free of exposure to nuts and nut products. I also understand that I am responsible to determine whether it is safe for my child to participate in this program and assume the risk by enrolling my child in the program. I do hereby waive, relinquish, release, discharge, and hold harmless from all liability, for any physical or mental injury or aggravation of any pre-existing illnesses, handicap, death, loss of enjoyment, exposure to nut products or any other harm or loss of nature which may be sustained by me or my child while participating in this activity. The Town of Malta photographs and videotapes program participants. By registering for a program or involvement with an activity/event, the participant consents to use by the Town of her/his likeness in town promotions and other uses. I further agree that the Town of Malta Recreation personnel or class instructor may act in an emergency as best fits the situation in the event my emergency contact cannot be reached. I am aware that the sponsoring organization does not carry medical insurance for participants.

Vendor Signature: _____

Date: _____

_____ **OFFICE USE ONLY** _____

DATE RECEIVED _____ FEE _____
SUBMITTED _____ CHECK# _____ DATE ACCEPTED _____

Please detach from application and keep for your records.

Event date is **May 30, 2026 Time: 9:00am - 3:00pm.**

1. Set up is from 7:00am - 9:00am. Break down can start at 3:00pm. Those who set up late or break down early may not be asked back next year.
2. To be considered for this show you must send 2 photos, one of your work or products and one of your displays along with your show application. **This rule pertains to return vendors also.**
3. A certificate of insurance with a minimum liability amount of \$1,000,000 naming the Town of Malta as additional insured must be returned with this application. This requirement may be waived if vendor is considered a home business. ****Vendors selling a food product or skincare product must provide a certificate of insurance with this application.***
4. In an effort to ensure variety, the Town of Malta staff reserves the right to limit the number of vendors selling similar products. Your payment will not be processed until your booth is accepted. Should your booth be rejected, you will receive a letter with an explanation as to why we rejected your booth and your payment returned to you in full. Please allow **2 weeks** for your paperwork to be processed. You will receive an email with our decision after receiving your application.
5. Once accepted and processed, all show fees are **non-refundable**.
6. All sales tax issues are the vendors responsibility.
7. Burning of candles or incense is prohibited in the Community Center. Please respect our no smoking policy in the building as well. Violation of this may result in you being asked to leave.
8. Alcohol is **NOT PERMITTED** on our premises. Violation of this may result in you being asked to leave.
9. Town of Malta is not responsible for any broken, missing, or stolen products during set up, the show, or breakdown.
10. Booth space with access to an electric outlet are limited but can be requested for an additional cost on a first come basis. Vendors must provide their own electric cords.
11. Booths must be staffed at all times. Any unattended booths are not the responsibility of any Town of Malta Employee
12. Vendors must leave their space clean after break down and deposit all trash in available receptacles. If a mess is left, you may not be asked to return next year.

You are encouraged to submit your request as soon as possible. You will be notified within 2 weeks of receipt of your application, as to your acceptance into this event.

Andrea Croteau
Malta Dept. of Parks, Recreation and Human Services
518-899-4411
acroteau@townofmaltany.gov

