

**LANCASTER FARMERS MARKET
APPLICATION
2020**

Due March 29th, 2020

BUSINESS NAME _____

VENDOR NAME _____

MAILING ADDRESS _____

MAIN PHONE NUMBER _____

CELL NUMBER (FOR MARKET DAY USE - OPTIONAL) _____

EMAIL _____

WEBSITE _____

SOCIAL MEDIA _____

BEST MEANS TO CONTACT YOU FOR URGENT ISSUES

(e.g. market cancellation in case of dangerous weather. Please provide phone # or email address)

EMERGENCY CONTACT (i.e if something happens to you. Please provide name and phone #)

PRODUCTION ADDRESS

If your product is grown or produced somewhere other than your own address above, please provide the following information.

LOCATION NAME _____

ADDRESS _____

OWNER/MANAGER NAME _____

OWNER/MANAGER PHONE _____

OWNER/MANAGER EMAIL _____

ABOUT YOUR BUSINESS

If a returning vendor, how many years have you been a Lancaster Farmers Market vendor? _____

Please indicate which permits, licenses & certifications are required for your products:

- Vendor’s License (required for any taxable/non-food items)
- Organic Certification or Certified Naturally Grown
- Mobile Food Service Operation or Retail Food Establishment (county health department)
- Temporary Food Service Operation or Retail Food Establishment (county health department)
- ODA License/s: _____
- Other: _____
- None (I sell entirely produce and/or cottage foods)

How many miles do you travel from your farm/business to the Lancaster Farmers Market? _____

(Farmers) How many acres is your farm operation? _____

Does your business accept the following forms of payment at market?

- Credit Cards
- SNAP/EBT
- Senior FMNP vouchers
- WIC FMNP vouchers

NOTES

Anything else we should know? Please feel free to provide information here about your growing practices, or details about the local sourcing of ingredients for value added or prepared foods.

2020 SCHEDULE

Saturdays, May 2 - October 3, 2020

___ I plan to attend the entire season (23 market days)

___ I plan to attend the following weeks (select below) for a total of _____ weeks

___ May 2 ___ June 6 ___ July 4 ___ August 1 ___ September 5 ___ Oct. 3

___ May 9 ___ June 13 ___ July 11 ___ August 8 ___ September 12

___ May 16 ___ June 20 ___ July 18 ___ August 15 ___ September 19

___ May 23 ___ June 27 ___ July 25 ___ August 22 ___ September 26

___ May 30 ___ August 29

These dates are not binding, but please do confirm any date changes with market management at least one week prior to planned attendance.

Type of vehicle used at market: _____

If your vehicle is larger than a pickup truck, what is its total length, including trailer? _____

Any other needs or requests regarding placement in the market? _____

Who will staff your booth, if other than the owner? _____

Artisan Craft Vendors: Please include at least three representative photographs of your work. You may submit hard copy photos, digital photos via email, or provide a website here:

Please initial and sign below:

_____ I have read, understand and agree to abide by these rules & regulations.

_____ I will attend all the markets I have agreed upon or notify market management 1 week in advance.

_____ I have all the necessary permits and licenses required to sell my products at the farmers market.

_____ I have proof of insurance for \$1,000,000 general liability insurance naming Lancaster Fresh Market, Inc. as an additional insured.

_____ I grant permission to Lancaster Fresh Market to use pictures, audio and/or video of myself, booth and products for the purposes of advertising the market. This may include, but is not limited to the website, Facebook, Instagram and print or online advertising.

SIGNATURE

DATE

Please return completed application by March 29th to the mailing address below or email to farmersmarket@kellermarkethouse.com.

OFFICE USE ONLY:

_____ Received _____ Notified _____ Amt

_____ Payment _____ Insurance _____ Licenses

_____ Receipt _____ Con Con _____ Web