



*the*  
**Antietam Valley**  
*Farmers' & Artists'*  
**MARKET**  
*at historic Carsonia Park*  
 - ESTABLISHED 2015 -

Antietam Valley Farmers' and Artists' Market  
**2018 Summer Farmer/Vendor Application**

**PART I**

Farm or Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

County where your business is located: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from above):

Website \_\_\_\_\_

Do you accept (circle those applicable): SNAP WIC FMNP WIC CVW Senior FMNP

**PART II**

*\*COMPLETE PART II IF YOU ARE A NEW VENDOR:*

1. Please check your primary product category:

fruits    vegetables    flowers    dairy    meats    prepared foods  
 fish/seafood    baked goods    other: \_\_\_\_\_

2. Please provide a general description of what you will be selling:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Antietam Valley Farmers' and Artists' Market  
2018 Winter Farmer/Vendor Application

page 2

**PART II (continued)**

3. Do you accept credit cards?

No Yes

4. Do you require electricity?

No Yes

5. Do the products you sell require special permits/licenses at a farmers market?

No Yes

6. If yes, do you have the necessary permits/licenses? No Yes

7. Are your products certified organic? No Yes

If no, do you follow any organic practices? \_\_\_\_\_

\_\_\_\_\_  
Please describe your farm or business.  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you have liability insurance of at least \$500,000 to cover your operations including your farmer market participation?

No Yes

**PART III**

Full-time May 12-September 29 (Fee is \$200 - must attend 18 of 21 market days)

Part-time (Fee is \$25/market day)

\_\_\_\_\_ days x \$25 = \_\_\_\_\_ (total)

If you are not a full-time vendor, please check the dates you will be attending:

May 12	May 19	May 26	June 2	June 9	June 16
June 23	June 30	July 7	July 14	July 21	July 28
Aug 4	Aug 11	Aug 18	Aug 25	Sept 1	Sept 8
Sept 15	Sept 22	Sept 29			

**PART IV**

By signing this application, the vendor agrees to comply with all rules and regulations of the AVFAM.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
( Date)

\_\_\_\_\_  
(Print Name)

**Make check payable to AVCP**

Memo line: *Farmers' Market*

PAYMENT AMOUNT ENCLOSED: \$ \_\_\_\_\_

Please return this form and certificates of insurance to:

AVFAM c/o Michelle Boyle, PO Box 3616, Reading, PA 19606

farmersmarket.antietamvalley.org