



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

Antietam Valley Farmers' and Artists' Market  
**2018 Summer Market Mingle 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:

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

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**PART II (continued)**

3. Do you accept credit cards?

No      Yes

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

No      Yes

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

6. Are your products certified organic?      No      Yes

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

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

7. Do you plan to grow/create another crop of product in the future?

No      Yes      If so, what will it be? \_\_\_\_\_

8. Do you have liability insurance of at least \$500,000 to cover your operations including your farmer market participation? (Please contact us with any questions concerning insurance.)

No      Yes

**PART III**

Summer Market Mingle, Monday August 20: NO FEE

**PART IV**

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

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

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

Please return this form and certificates of insurance to:  
AVFAM (Antietam Valley Farmers & Artists Market)  
c/o Amy Chiarelli, PO Box 3616, Reading, PA 19606

website: [farmersmarket.antietamvalley.org](http://farmersmarket.antietamvalley.org)  
email: [antietamfarmersmarket@gmail.com](mailto:antietamfarmersmarket@gmail.com)