



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

Antietam Valley Farmers' and Artists' Market
2021 Market 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

Full-time: Mondays, 5-7 pm; 1 x per month, total 8 markets: **Fee is \$75**

Part-time: () May 24 () June 28 (no indoor facilities available) () July 26 () Aug 23

() September 27 () October 25 () November 22 () December 20

Choose market days a la carte for \$10 each day.

Vendors not current in their payment may not set up and will be asked to leave.

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 (Antietam Valley Community Partnership)

PAYMENT AMOUNT ENCLOSED: \$ _____ Memo line: Farmers' Market

Please return this form and certificates of insurance to:

AVFAM - PO Box 3616, Reading, PA

19606

website: farmersmarket.antietamvalley.org email: farmersmarket@antietamvalley.org