



Antietam Valley Farmers' and Artists' Market
2024 Market Farmer/Vendor Application

PART I

Farm or Business Name: _____

Address: _____

County: _____

Primary Contact Person: _____

Secondary Contact Person: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Mailing Address (if different from above): _____

Website: _____

Do you accept (select all applicable):

SNAP WIC FMNP WIC CVV 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:

3. Do you accept credit cards?

- Yes No

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

- Yes No

5. If yes, do you have the necessary permits/licenses?

- Yes No

6. Are your products certified organic?

- Yes No

If no, do you follow any organic practices?

- Yes No

7. 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? *(Please contact us with any questions concerning insurance.)*

- Yes No

PART III

Full-time: 1st & 3rd Mondays, 5-7 pm; 2x per month, total 16 markets: **Fee \$150**

Part-time: Any 8 markets: **Fee \$90**

Al a Carte: Choose single market days - **\$15 each**

2024 Market Dates, Mondays 5-7pm:

May 6	May 20	June 3	June 17	July 1	July 15	August 5
August 19	September 9	September 23	October 7	October 21		
November 4	November 18	December 2	December 16			

****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 AVFAM rules and regulations.

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 (Antietam Valley Farmers & Artists Market)
c/o Corinne Hauk, AVCP, PO Box 3616, Reading, PA 19606

Payment may also be processed through PayPal. Contact Market Manager for details.