



## Antietam Valley Farmers' and Artists' Market 2026 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 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:

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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? \_\_\_\_\_

Please describe your farm or business.

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7. 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**

#### **2026 Market Dates, Mondays 5-7pm:**

May 4  May 18  June 1  June 15  July 6  July 20  August 3

August 17  September 7  September 21  October 5  October 19

November 2  November 23\*  December 7  December 21

\*Note: November 23 is the 4th Monday to allow for Thanksgiving shopping

**\*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.

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(Authorized Signature) ( Date)

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(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.

website: [farmersmarket.antietamvalley.org](http://farmersmarket.antietamvalley.org)

email: [antietamfarmersmarket@gmail.com](mailto:antietamfarmersmarket@gmail.com)