



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

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)