AGRICULTURAL VENDOR APPLICATION

2016 FARMERS MARKET SEASON

PLEASE RETURN TO aepaulus@gmail.com

Contact Name:				
Farm Name:				
Address of Farm:				
Mailing Address (if other than farm address)				
Contact phone number (normal business during the week:				
Contact phone number (pre-market day emergency):				
Acreage of your farm:				
Acreage on which you grow produce: Owned Leased				
Do you grow produce from leased land? Yes No				
If yes, give locations:				
Please choose a vendor description that best fits you (check all that apply): Diversified Produce Cut Flowers Greenhouse Plants Meat Eggs Dairy Products Herbs Value Added				

Other

Type of farm practice:

Traditional _____ Certified Organic _____ IPM ____ "Pesticide-Free" _____

If organic, how long has your farm been cultivated under organic practices?

Years ____ Months ____

Is farming a full-time or part-time occupation for you? Full-time _____ Part-time _____

Please list the items you intend to sell at the Farmers' Market. Estimate harvest dates to the best of your ability. Please use additional paper if necessary.

Name of item	Acreage or Linear Feet	Anticipated Harvest Dates
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Other Items

Please list other farmers markets that you participate in or plan to participate in:

Do you plan to purchase any products to sell at the market? Yes _____ No _____

If yes, list products:

If you offer CSA memberships to your farm, will you be allowing for share pickup at the market? Yes_____ No_____ N/A _____

Do you accept food assistance program vouchers/checks/EBT (e.g., food stamp EBT, WIC, Senior Farmers Market) Yes _____ No _____

Would you be willing to participate in an organized food donation program (e.g. Farmers against Hunger) Yes _____ No _____

PLEASE INITIAL ALL:

- * I have read and understand the vendor application: _____
- * I have read and understand the Westampton Twp. 2016 Farmers Market Rules _____
- * I understand that if selected I must receive and show proof of the appropriate insurance by June 1, 2016 _____
- * I understand that if selected, I am responsible for any & all applicable licenses, permits & certifications by June 1, 2016 _____
- * I am authorized to submit this application on behalf of the farm named in this application _____

Signature _	9	
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For _____

(Farm/Vendor)

Date: _____