



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

Antietam Valley Farmers' and Artists' Market  
**2019 Fall 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, 5-8pm, October 21, November 18, and December 16: Fee is **\$45.00**

\*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 (Antietam Valley Farmers & Artists Market), c/o Amy Chiarelli, PO Box 3616, Reading, PA 19606

website: farmersmarket.antietamvalley.org    email: antietamfarmersmarket@gmail.com