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The Life Center

35 N Carlisle Street

Greencastle, PA 17225

Last Thursday of the Month

August-October/4-7 PM

**VENDOR APPLICATION**

To be eligible to sell at the Borough of Greencastle Farmer’s Market, you will need to submit the following documentation as applicable:

* All licenses, permits and/or certifications
* Provide proof of all product & liability insurance with Borough of Greencastle listed as insured. Signed application along with applicable fee

**Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check:

Local grower/producer

Business

Other: Specify

Please Check:

Full Season Vender – Aug.-Oct.: $30

One Time – $15 per mo.

Aug.\_\_\_\_\_\_

Sept.\_\_\_\_\_\_

Oct. \_\_\_\_\_\_

Fee due upon acceptance into the market. Payment must be made via cash or check **only** upon picking up accepted market application.

You will **not** be able to join the farmers market without all certifications.

All necessary equipment for operation on market day is the sole responsibility of the market vendor. This is subject but not limited to a tent with at least 20lbs of stability on each leg, tables, electric & Wi-Fi.

**Business/Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of person(s) operating, other than owner:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Category**: Please check **one** based on your primary sale of goods:

Vegetables/Fruits  Meat/Fish  Dairy  Baked Goods

Plants/Flowers  Artisan Craft  Specialty/Gourmet Prepared Foods  Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience growing and/or selling stated above goods:

\_\_\_\_\_\_\_\_\_\_

Please list **all** Items and/or Products you will sell:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Vendor Agreement**

Please Note: the products listed on page one are what will be approved to sell. Be as specific as possible.

For Producers, list location(s) where product(s) are made, if different than address on first page. (Facility certification will need to be provided.) For marketing purposes, please give a description of your product/business. Tell us what makes it unique and why customers should purchase your product.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remember to include a copy of all applicable permits/licenses/certifications required for your products and/or business. YOU WILL NOT BE ACCEPTED AS A PERMISSABLE VENDOR WITHOUT ALL CERTIFICATIONS.

By placing my initials in this box, I am stating that I have read and understand the Vendor Application & Agreement forms and the market guidelines (a copy given to me or found on greencastlepa.gov) and am agreeing to abide by the market rules and regulations, fully cooperating with the direction of the Market Management, as a vendor at the Greencastle Farmer’s Market.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please retain a copy for your files and forward this form and payment to:

**Borough of Greencastle**

**60 N. Washington Street, Greencastle, PA 17225**

**Attn: Lorraine Hohl**

*The Borough of Greencastle and the Greencastle Farmer’s Market do not discriminate on the basis of age, disability, gender, race or religion.*