

# LANCASTER FARMERS MARKET

## APPLICATION

### 2023



Due March 26th, 2023

BUSINESS NAME \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

MAIN PHONE NUMBER \_\_\_\_\_

CELL NUMBER (FOR MARKET DAY USE - OPTIONAL) \_\_\_\_\_

TEXTING NUMBER (IF YOU WISH TO RECEIVE UPDATES VIA TEXT) \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

SOCIAL MEDIA \_\_\_\_\_

\_\_\_\_\_

#### BEST MEANS TO CONTACT YOU FOR URGENT ISSUES

(e.g. market cancellation in case of dangerous weather. Please provide phone # or email address)

\_\_\_\_\_

EMERGENCY CONTACT (i.e if something happens to you. Please provide name and phone #)

\_\_\_\_\_

#### PRODUCTION ADDRESS

If your product is grown or produced somewhere other than your own address above, please provide the following information.

LOCATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER/MANAGER NAME \_\_\_\_\_

OWNER/MANAGER PHONE \_\_\_\_\_

OWNER/MANAGER EMAIL \_\_\_\_\_

## ABOUT YOUR BUSINESS

If a returning vendor, how many years have you been a Lancaster Farmers Market vendor? \_\_\_\_\_

Please indicate which permits, licenses & certifications are required for your products:

\_\_\_\_ Vendor's License (required for any taxable/non-food items)

\_\_\_\_ Organic Certification or Certified Naturally Grown

\_\_\_\_ Mobile Food Service Operation or Retail Food Establishment (county health department)

\_\_\_\_ Temporary Food Service Operation or Retail Food Establishment (county health department)

\_\_\_\_ ODA License/s: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ None (Check only if you sell entirely produce and/or cottage foods)

How many miles do you travel from your farm/business to the Lancaster Farmers Market? \_\_\_\_\_

(Farmers) How many acres is your farm operation? \_\_\_\_\_

What forms of payment does your business accept at market?

\_\_\_\_ Credit Cards

\_\_\_\_ Senior FMNP vouchers

\_\_\_\_ WIC FMNP vouchers

\_\_\_\_ Other: \_\_\_\_\_

Does your business have a system to accept pre-orders for market? If so, please provide details:

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## NOTES

Anything else we should know? Please feel free to provide information here about your growing practices, or details about the local sourcing of ingredients for value added or prepared foods.

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## 2023 PRODUCT LIST

Please provide a comprehensive list of all products you would like to sell at the Lancaster Farmers Market. Vendors wishing to add a different type of product mid-season other than those indicated here must submit a written or email request for approval at least one week prior.

**Please use one of the following categories for each item:**

Vegetable, Fruit, Meat, Dairy, Eggs, Nursery, Flowers, Baked Goods, Candy, Canned Goods, Honey/  
Syrup, Value Added Food, Body Care, Artisan/Craft, Prepared Food/Beverage, Other

## CATEGORY

(eg Fruit or Baked Goods)

**ITEM**

(eg Apples or Cookies)

[illegible]

# 2023 SCHEDULE

**Saturdays, May 6 - October 7, 2023**

\_\_\_ I plan to attend the entire regular season (23 market days)

\_\_\_ I plan to attend the following weeks (select below) for a total of \_\_\_ weeks

___ <b>May 6</b>	___ June 3	___ July 1	___ August 5	___ September 2	___ <b>Oct. 7</b>
___ May 13	___ June 10	___ July 8	___ August 12	___ September 9	
___ May 20	___ June 17	___ July 15	___ August 19	___ September 16	
___ May 27	___ June 24	___ July 22	___ August 26	___ September 23	
		___ <b>July 29</b>		___ September 30	

\_\_\_ I plan to attend the Harvest Market (11/18/23). Seasonal vendors: add \$25 per booth to your fee.

*These dates are not binding, but please do confirm any date changes with market management at least one week prior to planned attendance. Dates in **bold** are planned Market Bar days.*

Type of vehicle used at market: \_\_\_\_\_

If your vehicle is larger than a pickup truck, what is its total length, including trailer? \_\_\_\_\_

Any other needs or requests regarding placement in the market? \_\_\_\_\_

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Who will staff your booth, if other than the owner? \_\_\_\_\_

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**Artisan Craft Vendors:** Please include at least three representative photographs of your work. You may submit hard copy photos, digital photos via email, or provide a website here:

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## Vendor Advisory Committee Nominations

The Vendor Advisory Committee helps to shape the market and represents vendor and customer interests. These three elected vendors will work in liaison with market staff and the Lancaster Fresh Market board as needed. One of these vendors will also sit as a vendor representative on the board of directors.

### Returning Vendors: Please nominate three fellow returning vendors to serve on the V.A.C.

You may nominate any fellow returning vendor who was *not* on last year's committee. (Last year's committee consisted of Andrew Bickel, Lauren Ketcham & David Ochs.) An online election will follow.

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### Please initial and sign below:

- \_\_\_\_\_ I have read, understand and agree to abide by these rules & regulations.
- \_\_\_\_\_ I will attend all the market dates I have applied for or notify market management 1 week in advance of my absence.
- \_\_\_\_\_ I have all the necessary permits and licenses required to sell my products at the farmers market.
- \_\_\_\_\_ I have proof of insurance for \$1,000,000 general liability insurance naming Lancaster Fresh Market, Inc. as an additional insured.
- \_\_\_\_\_ I will anonymously submit my weekly total sales data to market management.
- \_\_\_\_\_ I grant permission to Lancaster Fresh Market to use pictures, audio and/or video of myself, booth and products for the purposes of advertising the market. This may include, but is not limited to the website, Facebook, Instagram and print or online advertising.
- \_\_\_\_\_ All vendors of food items: I will follow all rules in regards to accepting nutrition benefits and incentives (including but not limited to SNAP/EBT and Produce Perks incentives).

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**SIGNATURE**

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**DATE**

**Please return completed application by March 26th to the mailing address below or email to [farmersmarket@kellermarkethouse.org](mailto:farmersmarket@kellermarkethouse.org).**

### OFFICE USE ONLY:

_____ Received	_____ Notified	_____ Amt	_____ Payment	_____ Text
_____ Insurance	_____ Licenses	_____ Con Con	_____ Web	

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