

LANCASTER FARMERS MARKET

APPLICATION

2024



Due March 22nd, 2024

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 a 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)

____ 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 (You should check **only** if you sell entirely produce and/or cottage foods)

____ I have questions or need help with this

Please submit current copies of your required licenses with your application.

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?

____ Cash ____ Credit Cards ____ Senior FMNP vouchers ____ Venmo ____ PayPal

____ Other: _____

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

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.

2024 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]

2024 SCHEDULE & FEES

___ 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

___ **May 4** ___ June 1 ___ July 6 ___ August 3 ___ September 7 ___ **Oct. 5**
___ May 11 ___ June 8 ___ July 13 ___ August 10 ___ September 14
___ May 18 ___ June 15 ___ July 20 ___ August 17 ___ September 21
___ May 25 ___ June 22 ___ **July 27** ___ August 24 ___ September 28
 ___ June 29 ___ August 31

___ I plan to attend the Harvest Market (11/23/24). Add \$25 per booth to your total 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.*

Please indicate your payment/s due:

___ **Seasonal Fee: \$265** - For vendors attending from 11 weeks up to all 23 weeks

___ **Partial Season Fee: \$25 per day** - For vendors attending from 6 weeks up to 10 weeks

___ **I am a Friend of the Market Member at the Vendor level.** Take \$20 off my total.

___ **One-Time Weekly Space:** \$25 per day - For new vendors wishing to try our market.

___ **Harvest Market (11/23/24):** \$25 per booth

= **Total Amount Due** _____

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? _____

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

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:

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. One new member is elected each year for a three year term.

Returning Vendors: Please nominate up to three fellow returning vendors to serve on the Vendor Advisory Committee.

You may nominate any fellow returning vendor who was *not* already on last year's committee. Last year's committee consisted of Brad Alexander (Brad's Custom Woodworks), Andrew Bickel (Wildflower Lane Honey), David Ochs (Ochs Fruit Farm). Election for this year's new member will take place at our spring vendor meeting.

Please initial and sign below:

- _____ I have read, understand and agree to abide by the Lancaster Farmers Market 2024 Guidelines.
- _____ I will attend all the market dates I have applied for or notify market management at least 1 week in advance of my absence.
- _____ I have all the necessary permits and licenses required to sell my products at the farmers market and will provide current copies.
- _____ I have a \$1,000,000 general liability insurance policy, and will provide a copy of my Certificate of Insurance with Lancaster Fresh Market, Inc. listed 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).

SIGNATURE

DATE

Please return completed application by March 22nd for full consideration to the mailing address below or email to farmersmarket@kellermarkethouse.org.

Lancaster Fresh Market, Inc. • 134 S. Columbus St. Lancaster OH, 43130 • 740-277-6305