

# 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:

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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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## 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:

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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. 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.

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**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).

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**ENTER YOUR NAME TO SIGN**

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**DATE**

Please return completed application by March 22nd for full consideration to the mailing address below or email to [farmersmarket@kellermarkethouse.org](mailto:farmersmarket@kellermarkethouse.org).

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