

# LANCASTER FARMERS MARKET APPLICATION 2025



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

**CONTACT NAME** \_\_\_\_\_

**CONTACT TITLE/ROLE** \_\_\_\_\_

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

**COUNTY** \_\_\_\_\_

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

**CELL NUMBER (FOR URGENT ISSUES - OPTIONAL)** \_\_\_\_\_

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

**EMAIL** \_\_\_\_\_

It is okay to share the following with customers: \_\_\_\_\_ Main Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Email

## **PRODUCTION ADDRESS**

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

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

**ADDRESS** \_\_\_\_\_

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

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

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

**WEBSITE** \_\_\_\_\_

**SOCIAL MEDIA** (Please list your page or @username)

Facebook \_\_\_\_\_

Instagram \_\_\_\_\_

**ABOUT YOUR BUSINESS**

Please provide a 3-5 sentence "bio." If one exists on an active website, you may provide a link here. If you need more room, please feel free to attach a separate sheet.

---

---

---

---

**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.

---

---

---

---

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

- Vendor's License (required for any taxable/non-food items)
- Food Service Operation or Retail Food Establishment (county health department)
- ODA License/s: \_\_\_\_\_
- Other: \_\_\_\_\_
- None (You should check **only** if you sell exclusively produce and/or cottage foods)
- I have questions or need help with this

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

**Please select the product category or categories that you would like to sell:**

- Produce (Vegetables, Fruit, Herbs, Mushrooms)
- Animal Products (Meat, Dairy, Eggs)
- Baked Goods and/or Candy
- Value Added Food Products
- Non Food Agricultural Products
- Honey/Syrup
- Nursery and/or Cut Flowers
- Artisan Crafts
- Personal & Body Care
- Wildcrafted and Foraged

# 2025 PRODUCT LIST

Please provide a 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.

<b>CATEGORY</b> (eg Fruit or Baked Goods)	<b>ITEM</b> (eg Apples or Cookies. You do not need to list all variations.)

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

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    \_\_\_ Venmo    \_\_\_ PayPal

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

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

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

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? \_\_\_\_\_

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

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

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

### **Vendor Advisory Committee**

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.

**If you are a Returning Vendor:** Please nominate up to three fellow returning vendors to serve on the Vendor Advisory Committee. You may nominate any fellow returning vendor who is **not** already on the committee.

Current committee includes Brad Alexander (Brad's Custom Woodworks), Andrew Bickel (Wildflower Lane Honey), Frank Byers (Curly Dog Coffee).

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

# 2025 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

- |                                       |                                  |                                  |  |                                       |  |
|---------------------------------------|----------------------------------|----------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> <b>May 3</b> | <input type="checkbox"/> June 7  | <input type="checkbox"/> July 5  | <input type="checkbox"/> <b>August 2</b> | <input type="checkbox"/> September 6  | <input type="checkbox"/> <b>Oct. 4</b> |
| <input type="checkbox"/> May 10       | <input type="checkbox"/> June 14 | <input type="checkbox"/> July 12 | <input type="checkbox"/> August 9        | <input type="checkbox"/> September 13 |  |
| <input type="checkbox"/> May 17       | <input type="checkbox"/> June 21 | <input type="checkbox"/> July 19 | <input type="checkbox"/> August 16       | <input type="checkbox"/> September 20 |  |
| <input type="checkbox"/> May 24       | <input type="checkbox"/> June 28 | <input type="checkbox"/> July 26 | <input type="checkbox"/> August 23       | <input type="checkbox"/> September 27 |  |
| <input type="checkbox"/> May 31       |                                  |                                  | <input type="checkbox"/> August 30       |                                       |  |

I plan to attend the **Fall Festival Market (10/18/25)**. Add \$25 per booth to your total fee.

I plan to attend the **Harvest Market (11/22/25)**. 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

**Fall Festival Market (10/18/25): \$25 per booth**

**Harvest Market (11/22/25): \$25 per booth**

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

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

= **Total Amount Due** \_\_\_\_\_

I will pay by cash or check (to "Lancaster Fresh Market, Inc.") by April 18th

I would like to pay with credit/debit card or bank transfer. Please send an electronic invoice.

**Please initial and sign below:**

\_\_\_\_\_ I have read, understand and agree to abide by the Lancaster Farmers Market 2025 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.

---

**SIGNATURE**

---

**DATE**

Please return completed application by **March 21st** for full consideration to the mailing address below or email to [farmersmarket@kellermarkethouse.org](mailto:farmersmarket@kellermarkethouse.org).

**Additional Documents to Submit with Your Application:**

\_\_\_\_\_ **Certificate of Insurance** for \$1,000,000 general liability policy with Lancaster Fresh Market, Inc. listed as an additional insured. Please advise if in process.

\_\_\_\_\_ **Copies of any required licenses with your application.** Please advise if in process.

\_\_\_\_\_ **Cottage Food Vendors:** Please include an example of your product label.

\_\_\_\_\_ **Artisan Craft Vendors:** If you are new to our markets, please include at least three representative photographs of your work for our Artisan Jury.

You may submit hard copy photos, digital photos via email, or provide an active website here: