

**LANCASTER FARMERS MARKET
APPLICATION
2026**



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 Number: _____ (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:

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

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, so please do not re-nominate current committee members: Andrew Bickel (Wildflower Lane Honey), Frank Byers (Curly Dog Coffee), Josh Schultz (Schultz Valley Farms).

2026 SCHEDULE & FEES

SEASONAL VENDORS: Sign up for 11 weeks or more and pay a flat seasonal rate.

In 2026 we're extending the regular market season through the end of October, for a total of 27 weeks. Seasonal Vendors, you have the option to sign up for this entire period of May through October **OR** just through the end of September.

___ **Seasonal Vendor Option A: May through October** (27 market days) - \$325

___ **Seasonal Vendor Option B: May through September** (22 market days) - \$275

You may also add on select days in October for \$12.50 per day. Please mark those days below.

WEEKLY VENDORS: Sign up for a minimum of 6 weeks up to 10 weeks at \$25/day.

___ **Weekly Vendor: \$25/day**

I plan to attend the following dates (select below) for a total of _____ market days

Anyone not planning to attend every week, please indicate which weeks you plan to attend:

___ May 2

___ May 9

___ May 16

___ May 23

___ May 30

___ June 6

___ June 13

___ **June 20**

___ June 27

___ July 4

___ July 11

___ July 18

___ **July 25**

___ August 1

___ August 8

___ August 15

___ August 22

___ August 29

___ Sept. 5

___ Sept. 12

___ Sept. 19

___ Sept. 26

___ October 3

___ October 10

___ October 17

___ October 24

___ **October 31**

___ **I plan to attend the Shop Small Holiday Market (11/28/26).** Add \$25 per booth to your total.

*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 Vendor Option A: \$325**

_____ **Seasonal Vendor Option B: \$275** _____ **Plus** _____ **week/s in October at \$12.50/day**

_____ **Weekly Vendor Fee: \$25 per day for** _____ **weeks** (for vendors attending 6 to 10 weeks)

_____ **Shop Small Holiday Market (11/28/26): \$25 per booth**

_____ **I am a Friend of the Market Member** at the \$100 Vendor level or higher. Take \$25 off.

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

= **Total Amount Due** _____

Payment Method (due by Saturday, April 18th):

___ I will pay by **cash or check** (Make checks out to “Lancaster Fresh Market, Inc.”)

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

Please initial and sign below:

___ I have read, understand and agree to abide by the Lancaster Farmers Market 2026 Guidelines.

___ I will attend all the market dates I have applied for or notify market management at least one 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 and my staff will follow all rules in regards to accepting nutrition benefits and incentives.

SIGNATURE

DATE

*Please return completed application by **Sunday, March 22nd** for full consideration to the mailing address below or email to 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:** If you are new to our markets, 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: