

# Farmer/Vendor Application – Regular Markets

Please complete this form and return with the necessary proof of insurances and health certificates, if applicable, by **March 1, 2024** to:

#### Lansdowne Farmers Market

c/o Lansdowne Economic Development Corporation 32 E. Baltimore Avenue, Lansdowne, PA 19050 info@LansdowneFarmersMarket.com

*The mission of the Lansdowne Farmers Market is to bring fresh, local food to Lansdowne; to foster economic development in the borough; to promote Lansdowne and its events, businesses, artists, and musicians; and to provide a community gathering place.* 

Farm/Business Name:			
Contact Name:			
Farm/Business Mailing Addres	s:		
		(7.)	
(City)	(State)	(Zip)	(County)
Business Phone:		Mobile Phor	ne:
Email Address:		Website:	
Type of Vendor:			Total Farm Acreage:
Schedule Preference: 🔿 Wee	kly 🔿 Bi-Weekly 🔿	Other Months	available:
Certified Organic: O Yes O	No		
If any of your products are from Yes O No If yes, how muc		y, do they make uj	o less than 25% of your offerings?
Are you licensed to participate	in the SNAP Program? (	Yes 🔿 No	
Are you licensed to participate	e in the Farmers Market	Nutrition Program	n (FMNP)? 🔿 Yes 🔿 No
Will you need electricity at our Vendor must supply cord. Not		er market for use	of the on-site electrical outlets.
Do you have farm liability insura	nce that covers incidents o	occurring off your fa	Irm premises? O Yes O No
Do you have product liability ir	isurance? $\bigcirc$ Yes $\bigcirc$ No	0	
If you have answered yes to any	/ of the above liability ins	urance questions,	please provide the following information:
Insurance Company	Name of Policy H	lolder	Policy Number
If selling prepared food, is you Please attach a copy of your ki			e license).
LansdowneFarmersMarke	t.com 610	-220-1385	info@lansdownefarmersmarket.com



### VENDOR PRODUCT LIST (continued)

Please check off the appropriate option(s) for each item that you intend to sell at the Lansdowne Farmers Market. It is important to indicate ALL items you intend to sell at any point during the Market season. Grown Yourself = G Reselling = R Organic = O

FRUITS & VEGET	ABLE	S	
	G	R	0
Apples			
Apricots			
Asparagus			
Beans			
Beets			
Blackberries			
Blueberries			
Broccoli			
Brussels Sprouts			
Cabbage			
Cantaloupes			
Carrots			
Cauliflower			
Cherries			
Corn			
Cucumbers			
Eggplant			
Grapes			
Greens			
Herbs			
Honeydews			
Hot Peppers			
Leeks			
Lettuce			
Nectarines			
Okra			

FRUITS & VEGET	ABLE	S	
	G	R	0
Onions			
Peaches			
Pears			
Peas			
Plums			
Potatoes			
Pumpkins			
Radishes			
Raspberries			
Squash			
Strawberries			
Sweet Peppers			
Tomatoes			
Turnips			
Watermelons			
Zucchini			
List all other fruits/veget	tables	belo	w

	0.94					
DAIRY PRODUCTS						
	G	R	0			
Eggs						
Butter (list types b	pelow	)				
Cheese (list types	below	/)				
Milk (list types below)						
MEATS						
Beef						
Chicken						
Pork						
Turkey						
Duck						
Other Poultry						
Rabbit						
Lamb						
Laind						

see more categories on next page



## **VENDOR PRODUCT LIST (continued)**

Please check off the appropriate option(s) for each item that you intend to sell at the Lansdowne Farmers Market. You must indicate ALL items you intend to sell at any point during the Market season. Grown Yourself = G Reselling = R Organic = O

OTHER FARM PRC	DUC	TS		For offerings in the se	ction	s be	low,	please use the following category cod
	G	R	0	Made Ye	ourse	elf = `	Y	Reselling = R Vegan = V
Flowers				BAKED GOO	DS			PREPARED FOODS
Honey					Y	R	v	Y R
Maple Syrup				Bread				Beverages (list types below)
Jams/Jellies/Fruit Butters				Rolls				
				Muffins				
Plants (list types b	pelow	/)		Scones				
				Cookies				Sandwiches (list types below)
				Pies				
				Cakes				
				Cupcakes				
				Chocolates				Soups (list types below)
List any other products	belo	w		Brownies				
Wine				Dog Treats				
Distilled Spirits				Cat Treats				
Beer				List any other baked go	ods l	pelov	v	Other Prepared Foods (list below
Juicers/Hard Ciders								
Soaps								

..... If you need more room to list additional products, please attach another sheet of paper

PLEASE NOTE: All vendors must adhere to the goods listed on their application. Additions, which must remain within a vendor's established product line, must be approved by the committee at least one week in advance. Please email **info@lansdownefarmersmarket.com** with any changes.

#### **CERTIFICATION OF APPLICATION**

I certify that the information in this application is, to the best of my knowledge, true and accurate and that I am a legal owner and/or representative of the above-named farm/business. I also certify that I have read, understood, and agree to abide by the Market Rules.

Signature of Farmer/Vendor	Print Name	Date
LansdowneFarmersMarket.com	610-220-1385	info@lansdownefarmersmarket.com