



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 Address: _____

(City) (State) (Zip) (County)

Business Phone: _____ Mobile Phone: _____

Email Address: _____ Website: _____

Type of Vendor: _____ Total Farm Acreage: _____

Schedule Preference: Weekly Bi-Weekly Other Months available: _____

Certified Organic: Yes No

If any of your products are from another farm/company, do they make up less than 25% of your offerings?

Yes No If yes, how much? _____%

Are you licensed to participate in the SNAP Program? Yes No

Are you licensed to participate in the Farmers Market Nutrition Program (FMNP)? Yes No

Will you need electricity at our Market? Yes No

Vendor must supply cord. Note: there is a \$10 charge per market for use of the on-site electrical outlets.

Do you have farm liability insurance that covers incidents occurring off your farm premises? Yes No

Do you have product liability insurance? Yes No

If you have answered yes to any of the above liability insurance questions, please provide the following information:

Insurance Company

Name of Policy Holder

Policy Number

If selling prepared food, is your kitchen licensed? Yes No

Please attach a copy of your kitchen license (local board of health or state license).

