



Farmers on the Square, Carlise, PA

2012 Vendor Application

*******DUE FEBRUARY 29, 2012*******

Mid-season applicants: Please allow 3 weeks for approval.

Farm Name: _____

Contact Person's Name: _____

Farm Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Fax Number: _____ Email: _____ Website: _____

1. Products to be sold (produced on your farm; see Operating Guidelines 1a-c.). Items listed are the ONLY items a vendor is allowed to sell this season unless an amended application is submitted and approved by the Board. Please be as specific as possible (i.e. grass fed beef vs. meat; yeast breads vs. general baked goods). Use extra page(s) if necessary.

Product	% of total stand	Months available

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2. If you are a cooperative stand, **on a separate page(s)** please describe **a)** nature of cooperative arrangement, **b)** farms involved, **c)** contact information for each farm, and **d)** list products in #1 for each farm to be represented (*review Operating Guidelines 1d first*).
3. If you hope to resell another farmer's product, please specifically list the source & items below (*review Operating Guidelines 1c on resale first*). Use extra page(s) if necessary. :
 - 1.
 - 2.
4. If you are a baker or secondary producer, please list local ingredient sources below (*review Operating Guidelines 1a for bakers and secondary producers first*). Use extra page(s) if necessary. :
5. If vending food products, home canned foods, home baked goods, meats, or dairy products, please **attach a copy of your USDA or PDA license or certification** and list your license number: _____
6. Are you certified Organic, Naturally Grown, Food Alliance, or AWA (please specify)? _____
Certification number: _____
7. Are there other farming practices which you care to state (IPM, humanely raised, etc.)?

8. Do you have \$1,000,000.00 of farm liability insurance? (Please circle one. See Operating Guidelines 5 & 1d for insurance requirements.)

YES or NO

9. Please include 2 copies of your insurance policy listing the following as additionally insured:

Farmers on the Square, 2A North Hanover St., Carlisle, PA 17013
First Presbyterian Church, 2A North Hanover St., Carlisle, PA 17013

10. Indicate your preferred level of participation:

Full season vendor (May 9–December 19 for 33 weeks): = \$400: _____

(Includes 6 INDOORS at the Depot, Dickinson College, November–December)

Half season vendor (16 weeks): CONSECUTIVE or ALTERNATING (circle one) = \$225: _____

Occasional vendor: Dates desired _____ = ___ X \$20/day: _____

Please make check payable to "Farmers on the Square"

11. Please state your preferred unloading time (vendors must be ready to sell at 3:00 PM):

1:30 -2:00 _____ 2:00-2:15 _____ 2:15-2:30 _____ 2:30-2:45 _____

Please stick to your assigned unloading time when using the Dickinson alley

Farm Name: _____

By signing below, I certify that I am the producer of the products listed above in #1 of this application.

Signature: _____

Date: _____

By signing below, I certify that I have read, understand and will adhere to all guidelines in the 2012 Farmers on the Square Operating Guidelines document. I further understand that should I fail to comply with these specified guidelines, my participation in Farmers on the Square could be terminated.

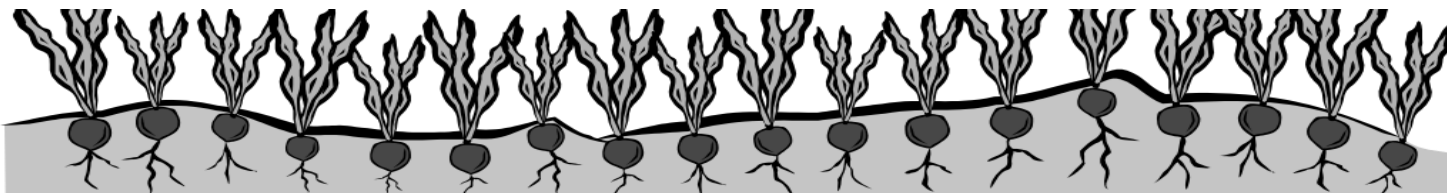
Signature: _____

Date: _____

**SEND COMPLETED APPLICATION, SUPPORTING DOCUMENTS, AND PAYMENT TO:
"F.O.T.S.", 553 PARK DR., BOILING SPRINGS, PA 17007**

*** PLEASE RETAIN A COPY FOR YOUR RECORDS ***

Email questions to: info@farmersonthesquare.com



Office Use

Date received: _____

Insurance Certificate Received? _____

Health certification needed? _____ Received? _____

Payment Received? _____ Amount _____

Organic certification needed? _____ Received? _____

Approved? _____

Pending? _____

Reason for not being approved?
