



Farmers on the Square 2022 Cooperative Stand Participant Form

Each participant in a cooperative stand should complete a copy of this form for inclusion with the main application submitted.

Participant's Name: _____

Participant's Farm or Operating Address: _____

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

Fax Number: _____ Email: _____ Website: _____

1. Products to be provided to the stand by this participant:

Product	% of total stand	Months available

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2. Please list any licenses or certifications necessary for vending your food products, home canned foods, home baked goods, meats, or dairy products. Please also **attach a copy of your USDA or PDA license or certification to the main application.**

Product type	Certification type needed	License/certificate number

3. Do you have \$1,000,000.00 of farm liability insurance? *(See Operating Guidelines for insurance requirements.)*

Please circle one: **YES** or **NO**

Please include **a copy of your insurance policy** listing the following as **additionally insured:**

Farmers on the Square, PO Box 988, Carlisle, PA 17013

First Presbyterian Church, 2A North Hanover St., Carlisle, PA 17013

(Please note that the copy should be sent to the Farmers on the Square mailing address, P.O. Box 988, Carlisle PA 17013, either with this application or under separate cover.)