

For Office use only	Full	1 <sup>st</sup> Half	2 <sup>nd</sup> Half	Alternating	Other	Occasional / Guest dates:
Payment:	Received	Outstanding	\$		Check #:	
Insurance Certificate x 2:	Received	Outstanding	Expiry date:			
Other Certification:	Received	Outstanding	Not Required	Type:		
Assigned Loading Time:	Notes:					



## Farmers on the Square

### 2023 Regular Season (May-December) Vendor Application

**DUE FEBRUARY 10th, 2023**

Farm / Co-Operative Stand Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Farm Address (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**1. Products to be sold** (produced on your farm; *see Operating Guidelines 1a-c.*)

- Items listed here 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. berries vs. tree fruit; yeast breads vs. general baked goods) and highlight any specialty products you offer. Use extra page(s) if necessary. This helps us prioritize applications based on the needs of the market.
- Cooperative stands (*see Operating Guidelines 1d*), please list here all products to be sold at the stand, AND include a Cooperative Stand Participant form for each participating farm.
- *% of total stand is based on your total 2023 FOTS projections- give us your best guess!*

Product	% of total stand	Product	% of total stand	Product	% of total stand

**2. If you hope to resell** another farmer's product, please list the source & items below (*review Operating Guidelines 1c on resale first*).

Product(s)	Source Farm name and address	% of total stand

3. **If you are a baker or secondary producer**, please list ingredient sources below (*review Operating Guidelines 1a for bakers and secondary producers first*). Priority is given to producers using local sources. Use extra page(s) if necessary.

Ingredient(s)	Source	Mark if w/in 50 mi.

4. **Please list any licenses or certifications** necessary for vending 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**.

Product type	Certification type needed	License/certificate number

5. Please list any other certifications you carry (eg. Organic, Naturally Grown, Food Alliance, or AWA), and/or other farming practices you care to state. Please attach a copy of certifications.

Certification / farming practice	Certification number (if applicable)

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

Please circle one: **YES** or NO

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

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

7. **Indicate your preferred level of participation:**

Full season vendor (May 4–December 21 for 34 weeks):

= \$600:

\_\_\_\_\_

Half season vendor (17 weeks): 1<sup>st</sup> HALF or 2<sup>nd</sup> HALF or ALTERNATING WEEKS (circle one)

= \$330: \_\_\_\_\_

Occasional vendor: Dates Requested \_\_\_\_\_

= \_\_ X \$40/day

= \_\_\_\_\_

\*\*All fees are non-refundable.

8. Please indicate your preferred unloading time (vendors must be ready to sell promptly at the start of market):

1:30 - 1:45 \_\_\_ 1:45 - 2:00 \_\_\_ 2:00 - 2:15 \_\_\_ 2:15 - 2:30 \_\_\_ 2:30 - 2:45 \_\_\_

9. All vendors are required to follow all operating guidelines as stated in the Farmers on the Square Operating Guidelines. This document can be found on our website at farmersonthesquare.com under the "For Vendors" tab.

I understand and agree to follow all guidelines.

All vendors are required to follow the Center for Disease Control and Prevention (CDC) and Pennsylvania Department of Health guidelines regarding COVID-19. By checking this box, you agree to follow all guidelines and understand that your compliance is required. Failure to comply may result in dismissal from the market.

I understand and agree to follow all COVID-19 guidelines.

10. If you are a new vendor applicant, please elaborate on how your products & farm are in line with the FOTS mission to provide an opportunity for our community to access superb, regional products from a vibrant, producer-only farmers' market.


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 2022 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:

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**Application Deadlines:**

- Full and Half Season vendors: **February 10, 2023**
- Occasional and Guest vendors: 3 weeks prior to first requested participation date

**Application checklist:**

- Completed Application Form
- Cooperative Stand Participants forms (if a cooperative stand)
- Supporting documents:
  - Insurance (2 copies with additionally insured from #6). **Send to FOTS; *do not send to the church.***
  - Required certifications (1 copy)
  - Any additional certifications (1 copy)
- Payment:
  - **Please DO NOT send payment. You will be invoiced upon acceptance to Farmers on the Square. All payments are non-refundable.**
- **Retain a copy** of this application for your records.

Please send completed application and supporting documents to [friendsofthefarmers@gmail.com](mailto:friendsofthefarmers@gmail.com) OR

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