



Farmers on the Square

2024 Regular Season (May-December) Vendor Application

DUE FEBRUARY 16th, 2024

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**, your product and facility must be inspected by the PA Dept of Agriculture and have a license to sell **before an application can be submitted**. Please list ingredient sources below (*review Operating Guidelines 1a for bakers and secondary producers first*). FOTS favors bakers and secondary producers who source local ingredients or materials – please read market guidelines for more information. Use extra page(s) if necessary.

For Bakers: FOTS requires any vendor selling pre-packaged foods, including baked goods to have the following information listed on each packaged item **or** ensure the following information is accessible to the consumer at the point-of-sale:

- a. General name of the product (Ex. chocolate cake, chocolate chip cookie, etc.).
- b. List of ingredients including all sub-ingredients. For example, if butter is purchased from the local store the product label must include all ingredients that the manufacturer put on their label as well. As an example: Flour (x, y, z), Butter (x, y, z), salt, sugar, syrup (x, y, z), etc.

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 if applicable**.

Product type	Certification type needed	License/certificate number

If you are a **baker or secondary producer requiring a license to sell**, please include the following information regarding your product and license:

1. Name of business and location where product is made.
2. Name of Food Inspector,
3. Type of license or licenses you have as it pertains to making and selling consumable items to the public plus expiration date(s).

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 6 & 1d for insurance requirements.*)

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

Do you have **General Commercial Liability insurance** of at least \$1,000,000 per incident, \$2,000,000 aggregate?

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

NOTE: If accepted, you will be required to list the following two parties as additionally insured AND will be required to scan and submit a copy of your certificate of insurance to friendsofthefarmers@gmail.com:

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

7. Indicate your preferred level of participation. Fees listed below are based on one 10x10 space:

Full season vendor (May 1–December 18 for 34 weeks): = \$600: _____

Half season vendor (17 weeks): **1st HALF** (May 1 - August 21) or **2nd HALF** (August 28 - December 18) or **ALTERNATING WEEKS** (circle one) = \$330: _____

Occasional vendor: **Dates Requested** _____ = X \$40/day

= _____

How much space will you require?*

____ ONE 10'x10' space (standard canopy tent)

____ TWO adjacent 10'x10' spaces (**double vendor fee**)

*Please note: Trailers, food trucks, etc. count as two 10'x10' tent spaces, unless they can fit all of their operations within a 10'x10' footprint

**All fees are non-refundable.

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 ____

8. 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 2024 Farmers on the Square Operating Guidelines document, including the insurance requirements acknowledged in section 6 of this application. 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:

Application Deadlines:

- Full and Half Season vendors: **February 16th, 2024**
- 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:
 - Required certifications (1 copy)
 - Any additional certifications (1 copy)
 - Certificate of insurance as described in section 6 above; only required after acceptance (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 OR

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

(DO NOT send mail to the church!)
