DOYLESTOWN FARMERS MARKET
VENDOR APPLICATION
2017 SEASON

CONTACT INFORMATION: (*Please print*)

BUSINESS NAME _____

CONTACT PERSON(S) _____

MAILING ADDRESS _____
Street, Road or Route

_____
City State Zip Code County

BUSINESS/FARM SITE ADDRESS_____
(*if different*) Street City State Zip Code

TELEPHONE (____) _____ (____) _____ (____) _____ (____)_____
Day Evening Cell FAX

EMAIL _____

BUSINESS WEBSITE _____

Total acres farmed___ acres in vegetables & herbs___ acres in fruit___ acres in meat/dairy___ acres in other crops___

CHECK THE SATURDAYS YOU PLAN TO ATTEND THE MARKET (31 WEEKS TOTAL):

❑ April 15	❑ April 22	❑ April 29	❑ May 6	❑ May 13	❑ May 20	❑ May 27
❑ June 3	❑ June 10	❑ June 17	❑ June 24	❑ July 1	❑ July 8	❑ July 15
❑ July 22	❑ July 29	❑ Aug. 5	❑ Aug. 12	❑ Aug. 19	❑ Aug.26	❑ Sept. 2
■ Sept. 9**	❑ Sept. 16	❑ Sept. 23	❑ Sept. 30	❑ Oct. 7	❑ Oct. 14	❑ Oct. 21
❑ Oct. 28	❑ Nov. 4	❑ Nov. 11	❑ Nov. 18			

***Sept. 9--the market will not operate.**

NUMBER OF 10 ft. x 10 ft. SPACES NEEDED _____

PAYMENT OPTIONS: (*Check one*) ❑ Prepayment of 2017 Season
❑ Weekly payment of 2017 Season

Vendor fee is $18.00 per 10 ft. x 10 ft. space, per week. A $3.00 discount per space will be automatically deducted from the weekly fee if a vendor chooses prepayment for the season. Please note the prepayment option will be made in two installments, 50% due on or before April 15, 2017 with the balance due by July 29, 2017, payable to Bucks County Foodshed Alliance. Vendors who pay on a weekly basis will be asked to pay their rental fee on any Saturday they are scheduled. If a vendor does not participate on a scheduled Saturday and does not notify BCFA Market Representative by the Monday prior to the scheduled date, that vendor will nonetheless be responsible for the rental fee for the missed Saturday.

DETAILED DESCRIPTION OF GOODS YOU WISH TO SELL:

Section 1 – Vendor grown/produced (at least 70% of total) items

Section 2 – Supplemental goods anticipated (not to exceed 30% of total) including the name and location of farmer/vendor

Please sign below to confirm the information provided in this application is accurate and that you have read, understood and agree to abide by the Doylestown Farmers Market Contract Rules during the 2017 Season.

Vendor Signature _____ Date _____

BCFA Signature _____ Date _____

Return this signed document with the signed and initialed Contract Rules document to BCFA Doylestown Farmers Market Committee at PO Box 401, Doylestown PA 18901 email questions to info@bucksfoodshed.org