

# DOYLESTOWN FARMERS MARKET VENDOR APPLICATION 2019 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 \_\_\_\_\_

Business/landline

\_\_\_\_\_

Cell

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):**

- |                                   |                                   |                                   |                                  |  |                                  |                                  |
|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> April 20 | <input type="checkbox"/> April 27 | <input type="checkbox"/> May 4    | <input type="checkbox"/> May 11  | <input type="checkbox"/> May 18                | <input type="checkbox"/> May 25  | <input type="checkbox"/> June 1  |
| <input type="checkbox"/> June 8   | <input type="checkbox"/> June 15  | <input type="checkbox"/> June 22  | <input type="checkbox"/> June 29 | <input type="checkbox"/> July 6                | <input type="checkbox"/> July 13 | <input type="checkbox"/> July 20 |
| <input type="checkbox"/> July 27  | <input type="checkbox"/> Aug. 3   | <input type="checkbox"/> Aug. 10  | <input type="checkbox"/> Aug. 17 | <input type="checkbox"/> Aug. 24               | <input type="checkbox"/> Aug.31  | NA Sept.7**                      |
| <input type="checkbox"/> Sept. 14 | <input type="checkbox"/> Sept. 21 | <input type="checkbox"/> Sept. 28 | <input type="checkbox"/> Oct. 5  | <input type="checkbox"/> Oct. 12               | <input type="checkbox"/> Oct. 19 | <input type="checkbox"/> Oct. 26 |
| <input type="checkbox"/> Nov. 2   | <input type="checkbox"/> Nov. 9   | <input type="checkbox"/> Nov. 16  | <input type="checkbox"/> Nov. 23 | <b>**Sept. 7--the market will not operate.</b> |                                  |                                  |

**NUMBER OF 10 ft. x 10 ft. SPACES NEEDED** \_\_\_\_\_

**Check where applicable:**    \_\_\_ Certified Organic    \_\_\_ Certified Natural Grown  
 \_\_\_ Organic methods practiced    \_\_\_ Low spray/IPM    \_\_\_ Alcohol license  
 \_\_\_ Certified kitchen (Board of Health)    \_\_\_ Serve-Safe Certified  
 \_\_\_ Use all organic ingredients (for value added products)    \_\_\_ Other \_\_\_\_\_

**PAYMENT SCHEDULE: 1/3 TOTAL DUE APRIL 1, 2019, 1/3 TOTAL DUE JULY 1, 2019, 1/3 OF TOTAL DUE SEPTEMBER 1, 2019**

Vendor prepayment fee is \$15.00 per 10 ft. x 10 ft. space, per week. If a vendor is scheduled in the market for five (5) market days or fewer and pays on the day of their appearance at the market, the fee is \$25 per week unless they choose to prepay all dates in advance. They can prepay the \$15 per week fee.

All checks should be made payable to: **Bucks Co. Foodshed Alliance Inc. Doylestown Market.**  
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 their scheduled Saturday, that vendor will nonetheless be responsible for the rental fee for the missed Saturday. No refunds will be given.

**DETAILED DESCRIPTION OF GOODS YOU WISH TO SELL:**

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

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

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**Section 3 - For Vendors selling value added products (jams, sauces, syrups), please list where you source ingredients.**

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*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 2019 Season.*

Vendor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return this signed document with the signed and initialed Contract Rules document to BCFA Doylestown Farmers Market Committee Chair at 4230 Wismer Road, Doylestown PA 18902 email questions to [chefkellyunger@gmail.com](mailto:chefkellyunger@gmail.com) or [dtownmarketmanager@gmail.com](mailto:dtownmarketmanager@gmail.com)**