



Email: bkreeger2531@comcast.net

Vendor Information

Business Name: _____

Business Address: _____
(For Vendor Statements) *Street Address*

City State ZIP Code

Business Phone: _____ Alternate Phone: _____

Email _____

Licenses and Permits

Permit/License: _____ Insurance Agency: _____

License#: _____ Dates Valid: _____

Permit/License: _____ Insurance Agency: _____

License#: _____ Dates Valid: _____

Stand Information

Are you selling in any other markets? **Yes No**

Are you qualified to accept Pennsylvania WIC, SNAP, EBT vouchers? **Yes No**

Is your business certified organic? *If yes, please enclose a copy of your certification document* **Yes No**

Product Description

This page should be filled out and attached to application for any new vendors or vendors bringing new products to market. Feel free to attach additional pages with product information, photos. Include any printed materials/brochures that describe your products and/or process.

What makes your business/product well suited for a farmers market:

Please describe the ingredients/product mix you plan to bring to market:

Will you be open all market hours?

Yes No

If not, list proposed hours:

