PENN MARKET
FARM to CITY to YOU

Email: BritneyWalker11@outlook.com

Vendor Information

Business
Name: _____

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

                 _____
Business   *City*   *State*   *ZIP Code*

Phone:
                                                    Alternate
                 _____   Phone: _____

Email
                 _____

Licenses and Permits

                                        Insurance
Permit/License: _____   Agency: _____

License#:   _____   Dates Valid: _____

                                        Insurance
Permit/License: _____   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

MAIL Att: Sharee McFadden 101 S. George St York PA 17401

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 m akes 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**:**

MAIL Att: Sharee McFadden 101 S. George St York PA 17401