

EAST GOSHEN



FARMERS MARKET

East Goshen Township

1580 Paoli Pike

West Chester, PA 19380

2016 Market Participant Application

Farm/Business Name _____

Mailing Address _____

City _____

State _____ Zip _____

Primary Contact _____

Phone _____

Cell _____

E-Mail _____

Secondary Contact _____

Phone _____

Cell _____

E-Mail _____

Please list other markets in which you participate:

Producer Information

Please provide a brief description of your farm, business and products for publication

Please provide a complete listing of the specific products you would like to sell at the East Goshen Farmers Market - list all items, including seasonal items. Your application will be reviewed for duplication with other potential vendors and you will be notified of duplications/restrictions if accepted.

How many acres do you farm? _____ How long have you been farming? _____

Do you work out of truck or trailer at markets? Yes _____ No _____

If so, why: _____

Specify the length of your vehicle. _____

Do you use a generator? Yes _____ No _____

Are you authorized to accept FMNP/SFMNP? Yes _____ No _____

Do you accept credit cards? Yes _____ No _____

Production Method

Certified Organic _____ Natural _____

IPM _____ Conventional _____

If certified organic, attach a copy of certification to application.

Schedule/Attendance

How often do you wish to attend the market?

Frequency: Weekly_____Bi-monthly_____Monthly _____

If unable to attend the full season, what is your estimated time:

Starting date: _____ Ending date: _____

Permits/ Licensing/Insurance

Please list required licenses, permits, or certificates required to grow/produce your products. You must include a copy of any and all applicable licenses, permits or certificates with your application.

Permits and Licensing

	Expiration
Chester County Health Department License	
PA Department of Agriculture Wholesale	
PA Department of Agriculture Milk Permit	
Other, Specify	
Other, Specify	

Insurance

Insurance Company _____

Policy Number _____

Expiration Date _____

\$1,000,000 minimum liability coverage required.

The Certificate of Insurance **must** list East Goshen Township as an "additional insured".

You will not be permitted to participate in the market without a current insurance certificate on file with East Goshen Township.

By signing this application, I agree to comply with the East Goshen Farmers' Market rules and to pay market fees as stated in the Market Rules.

Mail completed application to East Goshen Township, 1580 Paoli Pike, West Chester, PA 19380,
ATTN: East Goshen Farmers Market

Signature _____ Date _____

Print Name

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