

# Field Fresh Farmers Market

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## 2025 Market Application

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### CONTACT INFORMATION

Vendor's Name:

Business Name:

Address:

County or Township:

Business telephone:

Additional Contact telephone:

Mobile:

Fax Number:

E-mail address:

Website:

### I. OTHER GENERAL INFORMATION

Type of business (i.e. Sole proprietor, Corporation, LLC, Partnership):

Vehicle Type (i.e. van pick-up): Length:                      Number of wheels:

Do you need vehicle parked next to booth at the market? Yes or No

What size space are you applying for? 20ft. x 20 ft. or 20 ft. x 40 ft.?

(Please circle preference)

Other markets and direct marketing sales in which you participate:

Best day(s), time(s) and month(s) for a visit:

Location(s) where products are grown/raised/made:

To promote strong vendor-customer relations, FFFM values vendors who can commit to a weekly schedule for the entire season, our seasonal vendors. We recognize, however, that some vendors cannot commit to weekly attendance at Field Fresh. If you fall into that

category, you will be considered an occasional vendor. Occasional vendors must commit to and pay for a minimum of 6 weeks during the season. You must provide a detailed date by date list of when you will attend the market for the season. You will then need to calculate your fees due, by multiplying the number of weeks you have committed to, by the weekly rate of \$30.00 per week. **Please note that the minimum space fees for occasional vendors is \$180.00.**

Please check your preference of which type of vendor you are applying as:

\_\_\_\_\_ I am applying as a seasonal vendor

\_\_\_\_\_ I am applying as an occasional vendor(list of weeks that I plan to attend is attached) **Please note that occasional vendors must commit to and pay for to a minimum of six weeks for the 2025 season.**

## II. PRODUCTS AND PRODUCTION

Circle each category in which you plan to bring product to market:

Fruits: Vegetables: Cut-Herbs: Cut Flowers: Meat: Poultry:

Seafood: Eggs: Dairy: Honey: Mushrooms: Bedding Plants/Flowers:

Potted Herbs: Fiber: Prepared Foods: Other: (please specify)

## III. SNAP/Maryland Market Money Participation

Field Fresh Farmers Market is a SNAP/Maryland Market Money approved market. Every vendor who sells SNAP approved products must participate in the program. The program is operated using a token system which customers spend as currency directly at your stands. SNAP/MMM agreement forms and a W-2 form must be provided to S.W. P., L.L.C. Reimbursement for these tokens is made monthly at the first market of the month.

What other food assistance programs are you trained and equipped to accept directly from customers to purchase products from you? Circle all that apply.

FMNP(WIC) SFMNP(Seniors)

**Please provide all information from category/ies that apply to your business.**

**Meat vendors:** Please provide a list of products you will be selling; beef, pork, poultry, lamb, goat etc. All applicable permits to process your products and to sell your products at a Farmers Market must accompany application. Please provide the name and address of the

processor that you use to butcher and package your meats. If you use any special growing practices please specify, ex. Pasture raised, certified organic, etc.

**Vegetable and Fruit vendors:** Please provide a list of fruits and vegetables that you will be bringing to market. Also provide any copies of any certifications that you hold, certified organic etc. Do you use greenhouses or hoop houses to extend your growing season? Yes or No

**Bedding Plants/Herbs:** List the types of bedding plants and or herbs that you will be selling at market, vegetable plants, flowers, hanging baskets, potted herbs, etc. Include any special certifications, products etc.

**Egg vendors:** Please list the number of laying hens in your flock. Attach applicable permit to sell eggs in the state of MD. If you practice any special practices in raising your chickens please specify, ex. free range, etc.

**Dairy and Cheese vendors:** List all products that you plan on bringing to market. Attach necessary permits to sell these products at a Farmers Market as well as all processing permits. If you possess any special certifications include them with application.

**Bakers:** List all types of products that you plan on selling. Please specify what type of business you operate and under what classification type; Cottage Food, Commercial Bakery etc. Attach all necessary permits associated with your business necessary to sell products at a Farmers Market. \*\*\*Your health department permits must be on-hand each market day\*\*\*

**Prepared Food Vendors:** List what type of prepared foods you will be selling at market. Will you be preparing these products at market? Yes or No. Do you use a generator, propane, or need access to an electrical outlet? Please specify. Attach all necessary Health Department licenses with this application. \*\*\*All health dept. permits must be on-hand each market day.\*\*\*

**Other products:** Any other product not listed above that is produced by you or your business from raw ingredients or is an agricultural product not covered in the above categories. Please make a list of these products and give a brief description of these products. Ex. distilled spirits, honey, jams, cut flowers etc.

#### IV. **Commercial Liability Insurance**

All authorized vendors participating in the Field Fresh Farmers Market shall be individually and severally responsible to S.W.P., L.L.C. d.b.a. Field Fresh Farmers Market, (FFFM) for any loss, personal injury, deaths, and/or other damage that may occur as a result of the vendor's negligence or that of its servants, agents, and employees, and all vendors hereby agree to indemnify and save S.W.P., L.L.C., d.b.a. FFFM, harmless from any loss, cost, damages, and other expenses, including attorney fees, suffered or incurred by S.W.P., L.L.C., d.b.a. FFFM, it's directors, volunteers, servants, agents or employees. No insurance is provided by S.W.P., L.L.C., d.b.a FFFM, to participants in the Market. All producers shall be required to carry the appropriate commercial liability insurance (\$1,000,000.00) and are required to name S.W.P., L.L.C. d.b.a. FFFM, 2725 Kaetzel Rd., Knoxville, MD 21758 as **additional insured.**

Insurance Co: Policy Number:

\*\*\*Attach or submit electronically a current copy of insurance listing S.W.P., L.L.C. d.b.a. Field Fresh Farmers Market 2725 Kaetzel Rd., Knoxville, MD 21758 as an **additional insured**\*\*\*

#### V. Fees and Payment Schedule

Application Fee: (non-refundable)\$30.00 \*\*\*Due with Application\*\*\*

Seasonal Vendor Fee:

\$450.00 (20x20ft. space)

\*\*\*Payment in full due April 1, 2025\*\*\*

\$700 (20x40 ft. space)

\*\*\*Payment in full due April 1, 2025\*\*\*

**Occasional Vendors:** A list of dates of attendance for the 2025 season must be submitted along with payment of fees calculated at \$30.00 per week. The minimum charge to be an occasional vendor is \$180.00 to satisfy the 6 week minimum commitment.

\$ 30.00 (per week 20x20ft. space) **Minimum of \$180.00 which covers 6 weeks of attendance.**

\*\*\*Please submit all fees and documents to Field Fresh Farmers Market c/o Gwen Whitmore 11010 Baker Rd., Keymar, MD 21757\*\*\*\*

#### VI. Market Agreement

I have read the Market Application and Market Rules and Regulations, which includes the Field Fresh Farmers Market Rules, Procedures & Products Guidelines. If accepted into this Market, I hereby agree to abide by the Field Fresh Farmers Market Rules and Regulations. Further, I agree to sell at FFFM only such items as those listed in the Market Application unless an additional request is granted by the FFFM at a later date. I also acknowledge those products must be of my own production or produced at the location described in the Market Application. I acknowledge full responsibility for all my activities in the Market (and for those assisting me) throughout the term of this season's Market (April 26, 2025- Nov. 22, 2025). I acknowledge the authority of the Market Manager and /or the FFFM Directors to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or removal from the Market. I agree to allow the Market Manager, directors, representatives of FFFM and / or County Extension Agent to inspect, at any time, the premises where the products offered for sale are produced. Failure to allow an inspection will constitute a violation of the Market Rules and Regulation. I understand that FFFM does not carry any insurance policies to cover individual participants and that I am required to carry such insurance.

**I certify that I have read the Market Rules and Regulations and that the information contained in this application is true and accurate.**

**Business Name:**

**Vendor's Name:**

**Signature:**

**Date**