



2021 VENDOR APPLICATION PROCESS

Interested in selling at the Wrightstown Farmers Market? Follow these steps then fill out application below:

1. **Read these COVID-19 vendor rules and initial in adherence on application:**
 - Masks:** Vendors must wear masks at all times when on market grounds, covering both nose and mouth.
 - Sanitizer:** Vendors must sanitize customer touch points when applicable after each transaction.
 - Social Distancing:** Vendors must be aware of 6-foot social distancing of employees as well as customers waiting in line. Provide signage or provisions to do so if necessary.
2. Read the regular Market Rules, found on the website and initial on application.
3. Contact the Bucks County Department of Health to determine license requirements:
[Wendy Bee Environmental Protection Specialist](#)
Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown, PA 18901
Tel: 215-345-3319
Email: wsbee@buckscounty.org
4. Obtain Insurance:
 - a. \$1,000,000 coverage of general liability, property damage, and product liability insurance.
 - b. Name as additionally insured on insurance certificates:
 - i. **The Middletown Grange**, 576 Penns Park Rd, Wrightstown PA 18940; **and**
 - ii. **Bucks County Foodshed Alliance**, P.O. Box 401, Doylestown, PA 18901.
 - c. Email copy of insurance certificates to the Market Manager:
 - i. Email: managerWFM@gmail.com or
 - ii. **IMPORTANT:** Certificates must be received before selling can be permitted.
5. Select season preference and dates you want to sell:
 - a. Full Season: 16-30 weeks
 - b. Half Season: up to 15 weeks
 - c. Weekly
6. Select payment method:
 - a. Full Season: In Full (\$475 due April 15th) or 2 payments (\$240 due April 15th and \$235 due July 15th)
 - b. Half Season: In Full (\$345 due April 15th) or 2 payments (\$175 due April 15th and \$170 due July 15th)
 - c. Weekly: \$30 paid weekly or non-profit organizations \$10 paid weekly
7. Return completed application to:
 - a. Email: managerWFM@gmail.com. Or if sending with a check, mail to:
 - b. Mail: Wrightstown Farmers Market, P.O. Box #105, Newtown PA 18940
8. If you are a returning vendor, or you have been approved to vend, please **make checks out to "BCFA Wrightstown Farmers Market"** and send to: Market Manager at address above 7(b).



VENDOR APPLICATION 2021

<u>Contact Information</u>	<u>Print clearly below and complete all information</u>
Farm/Business Name	Name: Contact Person: Non-Profit: Yes ___ No ___
Market Sales Person	Name: Cell:
Farm/Business Address	
Phone (fill in both)	Work: _____ Cell: _____
Email	
Website	
Farm Size (Total Acres Farmed)	

- **Farm/Business Description:** We provide a vendor page on our website. Please include with this application (1) a description of your business that you would like us to use on our website, (2) the preferred method of customer contact, and (3) any specific photo you would like used on our vendor page. Please note that we reserve the right to edit the description for length.
- **List All Products You Plan to Sell (continue on back or additional sheets if necessary for next 5 sections):**
- **Do you produce ALL items you plan to sell? If not, please list exceptions and their source.**
- **Describe Farming Methods/Production Practices in detail:**
- **Certified Organic?** ___Yes ___No If yes, please attach a copy of certification document.
- **List below ALL Locally Sourced Ingredients/Products (if you are not a farmer) AND their Sources:**

<u>Ingredients Sourced within approx. 60 miles of WFM (Grown Locally):</u>	<u>Name of Source</u>

Product Samples, Labeling/Packaging and Displays: *New Applicants* who have not previously sold products at the market must submit the following:

1. Copies or Photos of product labeling and packaging;
2. Photos of displays (if already prepared)

Please Note that the Manager reserves the right to tour your farm or production facility.

- Do you accept FMNP, SNAP or WIC certificates? Yes ___ NO___ Specify_____
- Do you require electricity: Yes ___ No ___ (Access to electricity cannot be guaranteed)
- Check below your Season Choice and weeks you plan to attend the market:

- ___ Full Season (\$475) ___ Half Season (\$345) ___ Weekly (\$30, \$10 Non-Profit)
- a. Full Season: In Full (\$475 due 4/15) or 2 payments (\$240 due 4/15 and \$235 due 7/15)
 - b. Half Season: In Full (\$345 due 4/15) or 2 payments (\$175 due 4/15 and \$170 due 7/15)

May 1-	June 12-	July 24-	Sept 4-	Oct 16-
May 8-	June 19-	July 31-	Sept 11-	Oct 23-
May 15-	June 26-	Aug 7-	Sept 18-	Oct 30-
May 22-	July 3-	Aug 14-	Sept 25-	Nov 6-
May 29-	July 10-	Aug 21-	Oct 2-	Nov 13-
June 5-	July 17-	Aug 28-	Oct 9-	Nov 20-

- Check Payment Choice: ___ Full ___ 2 Payments ___ Weekly

CONSENT TO PHOTOGRAPH/VIDEOTAPE AND DISSEMINATE WITHOUT COMPENSATION

I, _____, consent to be photographed/videotaped while present at the Wrightstown Farmers Market (WFM). I also consent to the reproduction and use of any such photographs and videotapes by the WFM for educational, public relations and/or promotional purposes. I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for such photographs, videotapes and use.

Vendor Signature _____ Date: _____/_____/_____

I certify that the information provided above is accurate and that I have read, understood and agree to abide by the Wrightstown Farmers Market Rules provided on the website for 2021.

Signature _____ Date _____

_____ I have read and will agree to the 2021 SEASON COVID-19 VENDOR RULES as listed on our website (initial here)

NOTE:

1. Return completed application to:
 - a. Email: managerWFM@gmail.com; (preferred) or
 - b. Mail: Wrightstown Farmers Market, P.O. Box #105, Newtown, PA 18940
2. Include copies of insurance certificates naming as an additional insured both The Middletown Grange, 576 Penns Park Road, Wrightstown, PA 18940 and Bucks County Foodshed Alliance, P.O. Box 401, Doylestown, PA 18901.
3. If you are a returning vendor or you have been approved to vend, **please make checks out to "BCFA Wrightstown Farmers Market"** and send to: Market Manager, Wrightstown Farmers Market, P.O. Box #105, Newtown PA 18940.

Questions? Contact Cheryl Gilmore, Market Manager, managerWFM@gmail.com or 215.378.3284