

Farmers Market Application - 2018 Season

Vegetable/Produce Sales, Temporary Food Establishments and Cottage Food Producers

Owner's Name:		Business Name:	
Mailing Address:		Farm Location:	
Home Phone:		Cell Phone:	
Email:		Website:	
Total acreage in production:		Are you certified organic?	Yes No
What do you plan to sell? Please	be specific.		
Are any of your products value-ad If a license(s) is required, you must submit a appropriate license(s).	• •	· ·	
Do you purchase any of the produ	ıcts listed above from another	supplier/producer? Yes	No
If yes, list the name of the busines	ss/person purchased from, the	eir phone number and addre	ess and the specific
product(s) purchased.			
In addition to your season fee, you must pa	ay an additional \$25 for each supplier/	producer whose product you are sel	ling.
Are you authorized by the state of	f Maryland to accept Senior Fa	armers Market Nutrition Pro	gram (SFMNP) or Farmers
Market Nutrition Program (FMNP)) coupons or Fruit and Vegeta	ble Checks? Yes No (If	yes, circle program that applies)
Please indicate the market(s) you	would like to attend:		
() Calvert County Fairground – S	Saturdays, 7:30 a.mnoon	() Solomons – Su	ındays, 11 a.m2 p.m.
() CalvertHealth Medical Center	– Tuesdays, 3-7 p.m.		
By signing below I attest that I have			
tend, grow, harvest or make all pr	oducts offered for sale (other	than specifically listed abov	e) and that all information
provided on this form is true and o	correct to the best of my know	vledge.	
Applicant's Signature	Printed Name		Date