

Skowhegan Farmers' Market

Application for Membership for year 20____

Your Name _____

Farm/Business Name _____ Phone _____

Address _____

Email _____ Website _____

Please indicate the products you plan to bring to the Skowhegan Farmers' Market using the following code:

Y = Definitely, primary crop; M= Maybe, minor crop;
 N = New Product; B =Buy in. Please mark all that apply. *All applicants will adhere to the State of Maine regulations for the appropriate products being sold.*

<input type="checkbox"/> Mixed Vegetables	<input type="checkbox"/> Annuals	<input type="checkbox"/> Eggs
<input type="checkbox"/> Other:		
<input type="checkbox"/> Veg Seedlings	<input type="checkbox"/> Perennials	<input type="checkbox"/> Lamb
<input type="checkbox"/> Tree Fruits	<input type="checkbox"/> Dried Flowers	<input type="checkbox"/> Chicken
<input type="checkbox"/> Soft Fruits	<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Turkey
<input type="checkbox"/> Honey	<input type="checkbox"/> Hanging Baskets	<input type="checkbox"/> Beef
<input type="checkbox"/> Cider	<input type="checkbox"/> Herbs	<input type="checkbox"/> Pork
<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Flower Seedlings	<input type="checkbox"/> Goat
<input type="checkbox"/> Jam/Jelly/Relish	<input type="checkbox"/> Maple Products	<input type="checkbox"/> Dairy
(Cow)		
<input type="checkbox"/> Seafood	<input type="checkbox"/> Beverage	<input type="checkbox"/> Dairy (Goat)

**Are you Certified Organic? No ___ Yes ___ (Include a copy of most recent certification)

**What is the best way to communicate with you about the market?

** Who will be staffing your market booth regularly?

**This market is volunteer-powered. What special skills will you bring to the market?

**How will your acceptance into this market bring in new customers?

**Circle which market you wish to attend:

Summer Saturday 9-1 (May-Oct)

Winter 10-1 (1st & 3rd Saturday, Nov-April)

Seasonal (approx. time of year _____)

Agreement:

I have read and agree to abide by the rules of the market as stated in the enclosed regulations sheet. I realize that failure to do so may result in revocation of membership and attendance privileges.

Signature _____ Date _____

New Applicants: Please draw a map to your farm on the back of this application. Also, write a brief description of your operation and/or goods for use in promotional materials. SFM gives preference to vendors with unique/void products. Please address directly in your statement what makes your product unique.

All food vendors must have a food and fuel license.

Returning vendors~ Include description if you would like changes from last year.
NOTE: Please enclose copies of all appropriate licenses and permits for your operation.

Return Completed Application to: Amy Rowbottom PO Box 1134 Skowhegan ME 04976

**By January 15
for the Summer
Market of the current
year**

**By Sept 1st
For the winter
market of the current
year**