

Bel Air Farmers' Market Honey Vendor Application

Date: _____

Please PRINT Neatly

Applicant(s) Name: _____

Are you a current BAFM Vendor? Yes No

Business Name: _____

Business Address: _____

Mailing Address: _____

Leased Property Address (if applicable): _____

Contact Phone Number: _____
(Number to reach you during daytime hours)

Contact Email Address: _____

Website: _____

A CERTIFICATE OF LIABILITY
IS REQUIRED WITH ALL APPLICATIONS

Any application that does not include the Certificate of Liability, will be returned.

**There is a \$50.00 Application/Inspection Fee
FOR NEW APPLICANTS**

This is *Non-Refundable*

Acceptance of this application does not mean approval.
Once the application is reviewed, you will receive a written
confirmation of denial or acceptance.

Product Information:

How many hives and volume:

Other honey products:

Are you certified organic? Yes_____ No_____

It is your responsibility that you adhere to all Harford County health codes while selling your product at the market.

*****Initial** that you have read the above paragraph and agree: _____

If you are approved for the market, which day(s) would you like to attend?
(Each vendor is allowed one space per season.)

Saturday 7 a.m. to 11 a.m. Fee: \$275.00 _____

Tuesday 9 a.m. to 1 p.m. Fee: \$100.00 _____

A space is equivalent to 2 parking spaces on the lot

BOTH Saturday and Tuesday _____

***Total Owed: \$_____

Expected dates of attendance: Start _____ Finish _____

CURRENT PARTICIPATING VENDORS:

SEND IN PAYMENT & CERTIFICATE OF LIABILITY WITH APPLICATION.

*****Current BAFM vendors who are reapplying do not have to pay the application fee, only the space fee(s).**

Returning Vendors ONLY:

List any NEW products that you did not previously sell:

*****NEW APPLICANTS ONLY*****

Submit your Application/Inspection fee for \$50.00 at this time ONLY

This is *Non-Refundable*

Acceptance of this application does not mean approval.

Once the application is reviewed, you will receive a written confirmation of denial or acceptance.

Submit all applications and payment to:

Mrs. Andrea Kestner
BAFM Administrative Support
618 Stone Mill Court
Abingdon, MD 21009
410-952-1596

All checks are to be made out to: Bel Air Farmers' Market.

(NEW Applicants: Once you receive your letter of confirmation,
you may send in your payment for either Saturday or Tuesday market.)

Please be sure to read and sign the last page of this application

Office Use Only:

Application Mailed: _____ \ _____ \ _____
Completed Application Received in Office _____ \ _____ \ _____
Check Received in Office: _____ \ _____ \ _____
Check Number: _____ Check Amount: _____
Confirmation Letter Sent: _____ \ _____ \ _____
Inspection by: _____
Approved on this date: _____ \ _____ \ _____