

# Bel Air Farmers' Market Specialty Vendor Application

Please PRINT Neatly

Date of Application: _____	
Applicant(s) Name: _____	
<table border="1"><tr><td>Are you a current BAFM Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	Are you a current BAFM Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current BAFM Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

### **Certificate Holder information:**

Bel Air Farmers' Market, c/o Andrea Kestner, 618 Stone Mill Ct., Abingdon, MD 21009

**Product Information:**

Varieties of Product to be Sold:

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Are you certified organic? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*While at the market, it is your responsibility that you adhere to all Harford County health codes.  
A copy of any applicable license(s), state and/or county, must be included with application.  
*Only approved products may be distributed during the Farmers Market.*  
*Distribution of denied/unapproved merchandise during market hours may be cause for dismissal.*

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

\*\*\*As part of our community give back program, the market supports SARC to help the families eat healthier throughout the season with donations from the BAFM vendors. Participation every week is not required, but each vendor must participate at least once a season.

\*\*\*I agree to support SARC throughout the market season.

\*\*\***Initial** that you agree to this statement: \_\_\_\_\_

**CURRENT PARTICIPATING VENDORS:**

**SEND IN PAYMENT & CERTIFICATE OF LIABILITY WITH APPLICATION AND A COPY OF ANY STATE AND/OR COUNTY LICENSES.**

**Returning Vendors ONLY:**

List any NEW products that you did not previously sell and intend on adding to your product line for this season: (use additional paper if necessary) \_\_\_\_\_

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Each vendor is allowed one space per season.  
A space is equivalent to 2 parking spaces on the lot.

**Market Fee:** \$300.00

**Market hours are as follows:**

**Spring/Summer Hours:** 7 a.m. to 11 a.m.

**Winter Market:** 10 a.m. to Noon

Expected dates of attendance: Start \_\_\_\_\_ Finish \_\_\_\_\_

Market runs 2<sup>nd</sup> weekend in April through November (to meet market rules, 80% attendance)

Winter Market runs end of November through third week of December (optional participation)

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

**There is a \$40.00 Inspection Fee  
FOR NEW APPLICANTS IF ACCEPTED**

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.

ONLY send the \$40.00 inspection fee once written acceptance is received. If accepted, then seasonal payment can be paid.

**Submit all signed applications and payment to:**  
(checks are to be made out to Bel Air Farmers' Market)

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

