

**Potomac Village Farmers Market
Application for Participation
2019**

I, _____, apply for participation in the Potomac Village Farmers Market
(print) (PVFM)

for the 2019 season, with the intent to sell my agricultural products. The application fee is \$300.00. PVFM is a commission-based market, 5% of gross sales due each market. Please read, sign, and return the application and the Operating Agreement. Both are required before consideration for participation in the market will be given. Application fee is non-refundable after April 1st.

My signature attests to my agreement to adhere to the rules, regulations and responsibilities stated by the market. In addition, I agree to adhere to the following:

1. A majority of the produce/products I will sell will be produced by me.
2. I will not sell produce that is not in season locally.
3. I will not sell poor quality produce.
4. Trash, abandoned produce, etc., will be taken home or placed in trash receptacle before leaving the market site.
5. I will be responsible for the conduct of anyone representing me.
6. I will be cooperative with the Corporation's agent(s), facility management, Market Master and other producers so as to have a pleasant and orderly market.
7. I acknowledge that my farm can be inspected anytime during the growing season following a phone call from an Inspection Agency or PVFM 1 or 2 days ahead of time.

Signature of Farmer Applicant

Please Print Name Clearly

Farm Name

Phone #-Home

Farm Address

Phone #-Cell

City, State Zip Code

E-Mail Address

Mail completed application and check(s) to:

Potomac Village Farmers Market c/o
Potomac United Methodist Church
9908 S Glen Rd, Potomac, MD 20854

Make check payable to: Potomac United Methodist Church
Please return completed application and check no later than April 1st, 2019

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To be considered for participation in the market, you must complete all of the questions below.

If you are interested in selling non-potentially hazardous prepackaged food items (cookies, cakes, pies, breads) such as, jams, jellies, honey, fruit spreads (preserves, conserves, fruit butters) and dried herbs, you will need to obtain a permit from the Montgomery County Department of Health and Human Services-Food Facilities Division-240-777-3986. **IMPORTANT: Please contact the Department of Health & Human Services, Licensure & Regulatory Services, (DHHS) 255 Rockville Pike, 2nd Floor, Rockville, MD 20850. This License HAS to be approved by DHHS before a vendor can sell at ANY farmers market. Please obtain this application from the DHHS as soon as possible. Please refer to page 5 for products that require an application.**

**Part I - FARM REGISTRATION
(FARMS ONLY)**

Location of Farm (County): _____

Web site: _____

Acreage of your farm: _____

Acreage on which you grow produce:

owned acreage

leased acreage

Do you grow produce from leased land? Yes ___ No ___

If yes, give location(s): _____

Type of farm practice:

Organic ___ IPM ___ Conventional ___ "Pesticide Free" (not organic) ___

If organic, have you received a certification as an organic grower?

Yes ___ No ___

If yes, name of agency or organization: _____

How long has your farm been cultivated under organic practices?

Years _____ Months _____

Is farming a full-time or part-time occupation for you?

Full-time _____ Part-time _____

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Meats & Poultry (includes Charcuterie)

Name	Type and Classification	Organic, Grass-fed (OG) or Conventional (C)	Raised on farm (RF) or Purchased Wholesale (PW)

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Part IB

The following products are regulated by the Department of Health & Human Services – please call them with any questions at 240-777-3986.

Baked goods (cookies, cakes, pies, breads): _____

Processed or prepared items (i.e. jams, jellies, honey, preserves, conserves, fruit spreads, cider):

Other items not listed elsewhere: _____

Part IC

Please list other Farmers Markets that you participate in: _____

Will you purchase any produce to sell at the Montgomery County Farmers Markets? Yes/No

If yes, list the produce: _____

Signature of Inspection Agent:

Cooperative Extension Agent: Print Name: _____

Phone Number: _____

Cooperative Extension Agent Signature: _____

Farm Signatory: _____

PVFM Signature: _____

If you have any questions, please contact, the Potomac Village Farmers Market (PVFM) at potomacvillagefarmersmarket.net or contact@potomacvillagefarmersmarket.net