

**Potomac Village Farmers Market  
Application for Participation  
2018**

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

for the 2017 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 1<sup>st</sup>.

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  
Suzanne Hermes  
9809 Brookford Rd.  
Potomac, MD 20854

**Make check payable to: Farm Fresh Chef, LLC**

*Please return completed application and check no later than March 1<sup>st</sup>.*

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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.**

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**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](http://potomacvillagefarmersmarket.net) or [contact@potomacvillagefarmersmarket.net](mailto:contact@potomacvillagefarmersmarket.net)