



175 West Valley Forge Road | King of Prussia, Pennsylvania 19406

**APPLICATION FOR SPACE AT THE
UPPER MERION FARMERS' MARKET AT KING OF PRUSSIA ("UMFM")**

*****APPLICATION DEADLINE: March 25, 2012**

Producer Name _____ Tax EIN (or SS No.) _____

Contact person _____

Producer Address: _____

Street, Road, City/Towns, State Zip Code County

Phone () _____ () _____ () _____
 day evening cell phone E-mail

I will participate as a (please circle)

FULL SEASON VENDOR

WEEKLY VENDOR

Check the market items you wish to sell:

- | | | |
|---|--|--|
| <input type="checkbox"/> Vegetables/Greens | <input type="checkbox"/> Fruits, nuts or berries | <input type="checkbox"/> Flowering plants, bulbs |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Dairy (please circle) | <input type="checkbox"/> eggs, butter, milk, yogurt <input type="checkbox"/> |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Honey | <input type="checkbox"/> Cut or dried flowers |
| <input type="checkbox"/> Preserves, pickles, relishes | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Herbs |
| <input type="checkbox"/> Other Animal Products (Please provide explanation below) | | |
| <input type="checkbox"/> Other Items (Please provide explanation below) | | |

Are you a certified organic grower?

yes no

Are you authorized to accept FMNP/SFMNP vouchers?

yes no

If yes, please attach copy of certification

Will you require electricity at your space?

yes no

Will you sell heritage or heirloom products?

yes no

Are your items gluten free?

yes no

Is there any other information about you or your farm you would like us to consider? If so, please explain below:

Please sign this Application in the space provided below and return it to:

Upper Merion Foundation/UM Farmers' Market

Upper Merion Township

Attention: Lydia Dan-Sardinas

Park & Recreation Department

175 West Valley Forge Road

King of Prussia, PA 19406

Or

E-Mail the completed form to:

umfarmersmarket@comcast.net

(Please make checks payable to ***“Upper Merion Township Foundation”***)

Your signature below certifies that the information provided above is accurate and that you have received, read, understood and agree to abide by the UMFM Rules & Regulations, a copy of which is attached to this Application and incorporated by reference.

Signature

Date

Print Name: _____

We anticipate acceptance decisions to be made no later than April 10, 2011.

THANK YOU FOR YOUR INTEREST IN THE UMFM!