

**2026/2027 Emmaus Farmers Market
Vendor Application**

The Emmaus Farmers' Market is open, rain or shine,
In Triangle Park, Main St. Emmaus, PA 18049,

Sundays from 10:00 a.m.- 1:00 p.m. May to November
Winter Market Sundays in December from 10 a.m. – noon -
Plus, the second and fourth Sundays 10:00 a.m. - noon January to April

Farm/Business Name _____
Contact Person _____
Primary Phone _____ Cell Phone _____
Mailing Address _____
City _____ State _____ Zip _____
Website: _____ Email _____
facebook: _____ twitter: _____

New vendors should mail appropriate fee 10 days after notification of acceptance to the market.

Check or money order made out & mailed to; **Emmaus Farmers' Market, P O Box 14, Emmaus, PA 18049**

- i. **\$450 for first 10x10 display space** with a 20-foot depth for vehicle
- ii. **\$200 per additional 10x10 display space** with a 20-foot depth for vehicle
- iii. **\$100 for each additional 10x10 space** or part thereof for sale items and/or vehicles set up outside of the initial 20 feet of display space.
- iv. **Winter Market - \$100 first tent plus \$50 each additional tent**

Application checklist:

- This signed application (including ALL appropriate practices pages and product list sheets).
- The appropriate availability calendar

IF accepted as EFM vendor, you will provide: Proof of Commercial Liability Insurance for 1 million per occurrence naming Emmaus Farmers' market and BB&T Bank as additional insured & Copies of applicable permits and licenses

I (we), the undersigned, have received, read and understand the bylaws, rules & regulations of the Emmaus Farmers' Market, Inc., and do hereby agree to abide by said bylaws, rules & regulations and the directions of the Market Board. Failure to comply with any of the above could result in expulsion from the market.

I (we) fully understand that the Emmaus Farmers' Market, Inc., is a producer only market and that reselling of any items not directly produced by vendors is expressly prohibited, and is grounds for expulsion from the market. In the event a charge of reselling is lodged against me (us), I (we) agree to submit to an on farm inspection by an independent third party.

Signature of applicant _____ Date _____

*All facilities must be registered with appropriate municipal, county or state health departments.

*All products must be labeled in accordance with appropriate agency rules.

What form of payment do you accept? _____

Do you currently sell at other retail outlets? _____ If yes, how many? _____

Do you sell your product to local area restaurants? Please list:

Do you currently sell at other farmers' markets or crafts shows, special events etc.? ____ If yes, list locations:

Do you make your products in a commercial, professionally inspected kitchen?

List the major ingredients that go into your products

Where do you source your products? What percent is from local and EFM vendors?

Do you, as the owner, plan to be on site at the market?	What % of time you will be on site?
Yes	
No	

Please describe the vehicle(s) and canopies/table set up you would like to use at market, including the length and width of your vehicle(s) and display

Product List (attach additional pages as needed)

Please mark all products you would like to sell and when the product will be available (estimate).

[illegible]

***Food Processors Practices (baked goods, muffins, honey, jams, granola, cider , dips, salad etc..)**

*All facilities must be registered with appropriate municipal, county or state health departments.

*All products must be labeled in accordance with appropriate agency rules.

How long has your business been in operation? _____

What form of payment do you accept? _____

Do you currently have a retail storefront? _____

Do you currently sell at other retail outlets? _____ If yes, how many? _____

Do you sell your product to local area restaurants? _____ Please list: _____

Do you currently sell at other farmers' markets or other locations such as crafts shows, special events etc.? _____ If yes, list locations:

List the major ingredients that go into your products:

Where do you source your products? What percent is from local and EFM vendors?

Are you personally involved in the physical production of your products?

Do you make your products in a commercial, professionally inspected kitchen?

If you use a co-producer or co-packer, please explain your role in production and packaging:

Do you, as the owner, plan to be on site at the market? _____ What _____ % of time you will be on site?

Please describe the vehicle(s) and canopies/table set up you would like to use at market, including the length and width of your vehicle(s) and display.

ATTACH PRODUCT LIST & AVAILABILITY CALENDAR

Meat, Dairy, Egg, Poultry Producers Practices

*All facilities must be registered with appropriate municipal, county or state health departments.

*All products must be labeled in accordance with appropriate agency rules.

How long has your business been in operation? _____ Do you currently have a retail storefront? _____

What form of payment do you accept? _____ Do you accept FMNP etc? _____

Do you currently sell at other retail outlets? _____ If yes, how many? _____

Do you sell your product to local area restaurants? _____ Please list: _____

Do you currently sell at other farmers' markets or other locations such as crafts shows, special events etc.? _____ If yes, list locations: _____

Do you operate a CSA? _____ If yes, how many members? _____ Does your CSA impact availability of produce at the market? _____

How many acres is your farm? How many animals do you have on your farm?

What feed additives or injectables to supplement the animals' normal diet?

Do you use any hormones, antibiotics or growth promoters to maintain the animals' health? If yes, what?

Describe health maintenance program and how you fight disease and illness:

What type of confinement or range do the animals have to feed and move around?

How do you manage invasive weeds in the pasture? List any mechanical controls, fertilizers or herbicides used. List processor(s) used for meat processing:

Do you, as the owner, plan to be on site at the market? _____ What _____ % of time you will be on site?

Please describe the vehicle(s) and canopies/table set up you would like to use at market, including the length and width of your vehicle(s) and display.

ATTACH PRODUCT LIST & AVAILABILITY CALENDAR

Meat, Dairy, Egg, Poultry Producers should include any non-edible products for sale.

Farms/Orchards Practices

*All products must be labeled in accordance with appropriate agency rules.

How long has your business been in operation? _____

What form of payment do you accept? ____ Do you accept FMNP etc? _____

Do you currently have a retail storefront? _____

Do you currently sell at other retail outlets? ____ If yes, how many? _____

Do you sell your product to local area restaurants? ____ Please list: _____

Do you currently sell at other farmers' markets or other locations such as crafts shows, special events etc.? ____ If yes, list locations: _____

Do you operate a CSA? ____ If yes, how many members? ____ Does your CSA impact availability of produce at the market? _____

How many acres is your farm? How many square feet are your greenhouses/high tunnels etc?

Describe insect and disease control practices:

Describe weed control practices?

Give common name or active ingredient in any insect, disease, or weed controls used:

Circle all of the methods used to increase soil fertility on your farm:

compost	synthetic fertilizers	organic sprays/powders	animal manure
cover crops	crop rotations	mulching	soil testing

Do you, as the owner, plan to be on site at the market? ____ What ____ % of time you will be on site?

Please describe the vehicle(s) and canopies/table set up you would like to use at market, including the length and width of your vehicle(s) and display.

ATTACH PRODUCT LIST & AVAILABILITY CALENDAR

Farms and Orchards should include any non-edible products for sale.

PRODUCT LIST & AVAILABILITY CALENDAR

(attach additional pages as needed)

Please mark all crops you would like to sell and when the product will be available (estimate).

[illegible]

Non-edible and miscellaneous

*All products must be labeled in accordance with appropriate agency rules.

How long has your business been in operation? _____

What form of payment do you accept? _____

Do you currently have a retail storefront? _____

Do you currently sell at other retail outlets? _____ If yes, how many? _____

Do you sell your product to local area restaurants? _____ Please list: _____

Do you currently sell at other farmers' markets or crafts shows, special events etc.? _____ If yes, list locations:

List the major ingredients that go into your products

Where do you source your products? What percent is from local and EFM vendors?

Do you, as the owner, plan to be on site at the market? _____ What _____ % of time you will be on site?

Please describe the vehicle(s) and canopies/table set up you would like to use at market, including the length and width of your vehicle(s) and display

ATTACH PRODUCT LIST & AVAILABILITY CALENDAR