

# 2024 Franklin County Farmers Market Application



Business/Farm Name: \_\_\_\_\_

Contact Name (printed): \_\_\_\_\_

Additional Contact Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ # Years as a Market Member \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone: Primary (\_\_\_\_\_) \_\_\_\_\_ text? Y\_\_ N\_\_ Additional? (\_\_\_\_\_) \_\_\_\_\_

Business Facebook: \_\_\_\_\_ Twitter: @\_\_\_\_\_

Instagram: @\_\_\_\_\_ Website: \_\_\_\_\_

### Check Your Certifications:

PBPT \_\_\_\_\_  
PSA Grower Training \_\_\_\_\_  
Home-based Microprocessing \_\_\_\_\_  
Home-based Processing \_\_\_\_\_  
Other \_\_\_\_\_  
Details? \_\_\_\_\_

Products requested to be sold (*Returning vendors, please circle new products. Please be specific if you are a new vendor or a returning vendor wanting to sell new products*):

Other information the Market Board should consider:

Do you have any market booth requests such as access to electricity or space for a trailer?

Will you accept WIC FMNP this year? \* Yes \_\_\_\_\_ No \_\_\_\_\_

Will you accept Senior FMNP this year? \* Yes \_\_\_\_\_ No \_\_\_\_\_

\* WIC and Senior Farmers Market Nutrition Program requires mandatory in-person training.

Will you accept SNAP tokens this year? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* All vendors selling food products (with the exception of hot prepared foods) may accept SNAP tokens without additional training. The market encourages all eligible vendors to accept SNAP.

Would you like to participate in the South Frankfort Food Share? Yes\_\_ No\_\_ Need more info\_\_

**Check vendor type requested:**

**Regular Member:** Can sell weekly throughout market season & is a market member \$250/space **PLUS** (one of the following):

\$10 weekly Sat. fee/space per Saturday market **OR** \$200 Sat. flat fee/space for the season

Each regular vendor entity receives one membership vote; must communicate attendance in advance

**Days I request to sell as a Regular Member(please circle days and months you are interested in):**

**Tuesday** (market open 8:30 am-12 noon/in-person market): May June July Aug. Sept.

**Thursday** (online orders only/curbside pick up) late April May June July Aug. Sept. Oct. Nov. Dec.

I understand that Thursday vendors are expected to volunteer at least once a month on Thursday mornings to support the continued operation of this market. I am aware that the market collects 7% of all online sales.

**Saturday** (market open 8:30am-12 noon/in-person market; optional online orders with pick from individual vendor booths): late April May June July Aug. Sept. Oct. Nov. Dec. Winter '25

I want to sell products online for pick up at Sat. Markets. I'm aware the market collects 7% of all online sales.

**Rotating Vendor:** Sells one week (Tues., Thurs., and/or Sat.) each month through the season (possibility of additional weeks at \$25/week)

\$175/year; no Saturday market fee; no membership vote; must schedule dates in advance

List week preference if you have one (for example, 1st week of each month) \_\_\_\_\_

**Guest Vendor:** Sells occasionally at in-person or online markets

\$25/week (Tues., Thurs., and/or Sat.); no membership vote; must schedule date(s) in advance

List date(s) you are interested in here (can be updated later): \_\_\_\_\_

**Food Truck/Prepared Food Vendor:** Sells occasionally at in-person markets

No fee to sell; no membership votes; must schedule date(s) in advance and follow Health Dept. regulations. List date(s) you are interested in here (can be updated later): \_\_\_\_\_

I, the undersigned, have read and understand the regulations governing the Franklin County Farmers Market and agree to the **2024 Franklin County Farmers Market Rules**. A violation of this Agreement entitles the Franklin County Farmers Market Board the power to terminate my membership and selling privileges. No fees will be refunded in this situation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT:Vendor Type	Cost	Total
*Regular Vendor Fee (limit 2 spaces) for ____ spaces	\$250/space	
PLUS Regular Vendor flat Saturday fee for ____ spaces	\$200/space	
*Rotating Vendor Fee	\$175/season	
*Other:		
<b>TOTAL:</b>		

Checks payable to: **Franklin County Farmers Market**, 101 Lakeview Court, Frankfort, KY 40601. New vendor payment due upon market acceptance of application.

for office use:

Payment Total: \$\_\_\_\_\_ By: \_\_\_\_\_ Date:\_\_\_\_\_ CHECK \_\_ CASH \_\_ OTHER\_\_\_\_