



Vendor Application

35 South 8th Street, Lebanon, PA

717-274-3663

A. Personal Information

Name: _____

Business Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Website: _____

B. Product Information

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> Ready to Eat Food | <input type="radio"/> Baked Goods | <input type="radio"/> Specialty Foods |
| <input type="radio"/> Beverages | <input type="radio"/> Produce | <input type="radio"/> Flowers & Plants |
| <input type="radio"/> Meat/Seafood | <input type="radio"/> Home & Wellness | <input type="radio"/> Other |

If "other", please provide description: _____

C. Business Information

Are you, or have you been a vendor at any other market? YES NO

Have you ever been evicted from another market or establishment? YES NO

Do you operate a brick & mortar location/storefront? YES NO

What is your budget range? \$ _____ to \$ _____

If "YES", what is the physical address? _____

What is the price range of your products? \$ _____ to \$ _____

How long have you been in business? _____

Market hours are Thurs, & Fri, from 8am-7pm, & Sat, from 7am-3pm. Are you able to operate your stand during market hours? YES NO

Please list the type of products you would be selling: _____

D. Space Requirements

How much space are you interested in renting? _____

What utilities will your stand need?

Water Sewer Drain Electric for Refrigeration

Please email completed copy to:

lebanonfarmersmarket1892@gmail.com