

Lebanon Farmers Market

35 South 8th Street • Lebanon, Pa.

717-274-3663

VENDOR APPLICATION

Please email the completed application to jasonschwalm@comcast.net

A. Personal Information

Personal Name: _____

Business Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Website: _____

B. Product Information

Which category best describes your product?

Prepared Food

Baked Items

Beverages

Non-Food Item

Meat

Seafood

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

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

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

How long have you been in business? _____ years

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

Please list ALL products you would be selling:

D. Space Requirements

How much space are you interested in renting? _____

Do you require electricity? YES NO

Do you require cold storage outside of your stand? YES NO

Do you require dry storage outside of your stand? YES NO

I acknowledge that I will be required to provide my own secure internet connection if I am processing credit cards. ____ Please Initial