



# OCEAN PINES FARMERS MARKET

## Vendor Application 2014–2015

Business/Farm: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Vendor Category: *(check all that apply)*

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Farm/Produce  | <input type="checkbox"/> Farm/Orchard          | <input type="checkbox"/> Farm/Meats           | <input type="checkbox"/> Farm/Poultry & Eggs        |
| <input type="checkbox"/> Farm/Dairy    | <input type="checkbox"/> Farm/Herbal           | <input type="checkbox"/> Producer/Greengrocer | <input type="checkbox"/> Producer/Specialty Product |
| <input type="checkbox"/> Bakery/Breads | <input type="checkbox"/> Bakery/Pastry         | <input type="checkbox"/> Seafood              | <input type="checkbox"/> Confections                |
| <input type="checkbox"/> Winery        | <input type="checkbox"/> Artisan/Home Products | <input type="checkbox"/> Artisan/Other        | <input type="checkbox"/> Crafter                    |
| <input type="checkbox"/> Artist        | <input type="checkbox"/> Floral/Grower         | <input type="checkbox"/> Services             |   |

Description of products/services to be offered for sale: \_\_\_\_\_

\_\_\_\_\_

Years in business or year business started: \_\_\_\_\_

Do you file a Schedule F?  Yes  No

Federal EIN#: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Do you need electric?  Yes  No

Additional requests: \_\_\_\_\_

\_\_\_\_\_

### MARKET PARTICIPATION & VENDOR RATES:

**SPRING & SUMMER: May—Oct. 2014** \$200

**SPRING & SUMMER DROP-IN** \$25

Which Saturday? \_\_\_\_\_

**FALL & WINTER: Nov. 2014—April 2015** \$50

**FALL & WINTER DROP-IN** \$5

Which Saturday? \_\_\_\_\_

**FULL YEAR: May 2014—April 2015** \$225

**Amount Enclosed: \$** \_\_\_\_\_

**Payment:**  **Cash**  **Check Enclosed** *(Make payable to Ocean Pines Association)*

**Credit Card**      

Acct #: \_\_\_\_\_ Exp. (mo/yr): \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV (3-digit code on back): \_\_\_\_\_

The Ocean Pines Association, Inc., a not for profit Homeowner's Association, is authorized to insert our advertisement in its publication as specified above. We agree to pay at the rates and under the conditions shown in the attached information. Ocean Pines Farmers Market Administration will review all submitted applications. Space at the market and the items a vendor offers will be factors in determining approval. The vendor fee is for one space, is non-refundable if approved, and is expected at time of application.

\_\_\_\_\_  
**Signature / Date**

\_\_\_\_\_  
**Printed Name**

Please submit your application along with payment to: **Ocean Pines Association,**  
**Attn: Teresa Travatello, 239 Ocean Parkway, Ocean Pines, MD 21811** or fax to 410.641.8413 or  
hand-deliver to Market Manager, David Bean (410.251.6383/flavordrizzles@gmail.com) at the Ocean Pines Farmers Market