



Shelburne Farmers Market Application 2019

Date _____

Name _____ Email _____

Home Address _____

Home Phone _____ Cell Phone _____

Business Name _____ Website _____

Business Address _____

Business Phone _____

PLEASE INDICATE THE ITEMS YOU WOULD LIKE TO SELL. *If not listed, specify in spaces provided. If you need more space, use additional paper*

Agriculture

Month Available at Market

	Vegetables	Varieties	June	July	Aug	Sept	Oct
	Seedlings						
	Asparagus						
	Beans						
	Beets						
	Broccoli						
	Brussels Sprouts						
	Cabbage						
	Carrots						
	Cauliflower						
	Corn						
	Ornamental Corn						
	Pop Corn						
	Cucumbers						
	Eggplant						
	Gourds						
	Leeks						
	Lettuce & Greens						
	Onions						
	Peas						
	Peppers						
	Potatoes						
	Pumpkins						
	Radishes						
	Summer Squash						
	Tomatoes						
	Tomatoes, Heirloom						
	Turnip Roots						
	Winter Squash						
	Zucchini						

	Flowers	Varieties	June	July	Aug	Sept	Oct
	Dried Flowers						
	Potted						
	Arrangements						
	Cut Flowers <i>name</i>						
	Fruit						
	Apple						
	Blackberries						
	Blueberries						
	Cantaloupes						
	Cherries						
	Grapes						
	Peaches						
	Pears						
	Plums						
	Raspberries						
	Rhubarb						
	Watermelons						
	Herbs						
	Maple Syrup						
	Maple products						
	Honey						
	Honey Products						
	Meats						
	Beef						
	Pork						
	Lamb						
	Poultry						
	Eggs						
	Dairy products						
	Cheese						
	Yogurt						

Other Agricultural products (specify) _____

Processed Foods: Cider, Jams, Salsa, Sauces, Pickles, Other (for each item list Vermont ingredients used):

Baked Goods: (for each item list Vermont ingredients used)

Prepared Foods: ready to eat at the Market (for each item list Vermont ingredients used)

Crafts: (will require a Shelburne Farmers Market Craft Jury Application, for each item list Vermont materials used):

Please check all markets you will attend

To be a season participant you must attend a minimum of 16 (80%) Markets

May 25	June 1	June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27	Aug 3

Aug 10	Aug 17*	Aug 24	Aug 31	Sept 7	Sept 14	Sept 21	Sept 28	Oct 5	Oct 12	Total Markets Attending

***Shelburne Day**

Growers Only

How long have you been growing? _____ How much acreage do you have in production? _____

How do you currently market your products? _____

How long have you been producing your product(s)? _____ Do you have employees? _____

What is your role in your business? _____

Who will be selling your products(s) at the Market? _____

Would the weather affect your attendance? _____ If so explain _____

Do you attend other markets? ___ If so, where? _____

How would you be an asset to this Market? _____

This is a preliminary application. Upon acceptance you will receive a registration form.

Please return completed form to:

Shelburne Farmers Market, PO Box 383, Shelburne VT 05482

For more information - Contact Tod Whitaker 482-4279

tod.whitaker@gmail.com