Food Vendor Application

Goshen Farmers Market
P.O. Box 1031, Goshen, IN 46527
info@goshenfarmersmarket.org

Name_____

Farm/Business Name _____

Address _____

Phone _____ Email or Website_____

Application Procedures

1. An application must be received from any vendor interested in participating in the market.
2. Any new product introduced by a vendor must abide by the provisions of the Goshen Farmers Market Operating Policies.
3. The Vendor Committee will select vendors and products based on criteria laid out in the Goshen Farmers Market Operating Policies.
4. Applicant must provide detailed information on their product.

Food Categories

Produce – including fresh fruits, fresh vegetables, and fresh cut herbs
Plants – including fresh cut flowers, potted plants/planters, bedding plants
Non-produce Foods – including meats, eggs, cheeses; baked/bakery goods; prepared/ready-to-eat foods; canned, dried or frozen packaged foods such as jams, jellies, sauces, noodles, syrups, honey, etc.

1. List the items you may offer for sale in the categories outlined above, which you grow or produce yourself.

2. Are you certified organic? If so, by what organization? Please attach a copy of your organic certification with your application

3. Will you need refrigeration? Please indicate whether your need is for display or back stock refrigeration. Please describe the refrigeration unit you will use including the dimensions and the make and model.

4. If you sell prepared foods, you must be in compliance with Elkhart County Health Department Rules & Regulations. These items must be prepared in a licensed kitchen. Please state what type of products you sell which may require certification. Also, list where these products are produced. You must include a copy of your food certification with the application.

5. Please attach any brochures or other information, which could give information on your products.

I have read and understand the policies and procedures outlines in the Goshen Farmers Market Operating Policies. I agree to abide by the policies outlines within.

Signed: _____ Date:_____

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