

dinboro	Market	Producer	Appli	cation
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Producer#_____

Please direct all questions to EdinboroMarket@gmail.com or 814-266-2993

Name(s)		
Farm/Business Name		
Mailing address (for checks)		
Street address (if different th	an above)	
City	State	Zip
Phone		
Email		
Facebook		
Web page		
• •	ed food/products you would like to y, eggs, honey/syrup, salsa, soap e	
Do you seasonally pasture yo Do you routinely use antibiot	ration: nic? Yes No If yes, p ur meat/egg animals? Yes No cs on your livestock? Yes No ys and/or synthetic chemicals of fe	o
Do you use any chemical spra Do you use non-GMO seed? Y Do you use non-GMO feed? Y	es No	:i uiizeis: 1es NO

Producer Information for market outreach: Please provide a short bio along with details about your operation and production practices including information about your product and production process(es). This information will be shared with market customers in order to help them to understand the benefits of knowing where their food comes from and how it is produced, e.g., it's fresher, preserves genetic diversity, supports local families, builds community, etc.
Agreement: I have read and understand the Edinboro Market Rules, Procedures and Guidelines and agree to comply with these. I have signed and attached a W-9 form for tax purposes. I affirm that all information in this application is correct and accurate. The products I bring to Edinboro Market are produced in accordance with all Pennsylvania Department of Agriculture and Erie County Department of Health regulations and I have attached all licenses, etc. to this agreement.
Signed: Dated:
Please include a copy of your declarations page to show you currently have liability insurance to cover any products you bring to the Edinboro Market, Inc.
Financial information: Checks should be made payable to:

Tax ID# or SS# ____