



CITY OF BALTIMORE
 Office of Outdoor Events & Vendor Licensing
 200 Holliday Street, Baltimore, Maryland 21202
 General Services 410.396.1916
 Health Department 410 396 4424
SpecialEventsDGS@baltimorecity.gov

FARMERS MARKET APPLICATION

- Please include \$295 non-refundable application fee. Applications must be submitted at least 4 weeks prior to the event; if not, your market will have to open on a later date.
- This application covers the period of one market season and must be renewed annually.
- Please make check/money order payable to "Director of Finance."

REQUIRED: *Attach a site plan detailing*

- *Layout of vendors*
- *Placement of trash receptacles, dumpsters, load packers and recycling bins*
- *Portable toilet location with accessible toilets labeled*

**** Note:** *Failure to properly clean site will result in loss of permit and operating privileges*

1.) GENERAL INFORMATION

CHECK ONE: NEW FARMERS MARKET ANNUAL RENEWAL OF EXISTING MARKET

NAME OF FARMERS MARKET: _____

MARKET MANAGER: _____ PHONE: _____

MARKET MANAGER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

ADDRESS OF MARKET LOCATION: _____

PROPERTY LANDOWNER (If on private property): _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2.) OPERATING INFORMATION

The Market will operate from: ___/___/___ TO ___/___/___

On the following days: (circle all that apply) **S M T W T H F S**

At the following time From ___:___AM To ___:___(circle one) **AM PM**

Is the proposed market location on City Park property? YES: ___ NO: ___

If so which Park? _____

Will any Streets need to be partially or fully blocked off? YES: ___ NO: ___

Please describe requested Street Closures: _____

If this is not a new market, how does it differ from previous years? _____

Total number of expected vendors, shoppers or other participants anticipated daily: _____

If applicable, the average daily attendance totals for previous years: _____

Please provide the Mission Statement for your Farmer’s Market, a brief description of your Farmer’s Market operations (attach additional sheet if necessary.)

3.) OUTREACH

How do you plan to publicize this proposed event (if available, attach a copy of publicity plan or flyer)?

****NOTE: It is a violation of Baltimore City Ordinances to post or hang in any manner, directional markers, notices or banners to any tree or lamp post.**

4.) VENDORS

FOR PERMITTING PURPOSES, the City of Baltimore defines a farmers market as “A recurring event on designated dates and times consisting primarily of agricultural producers selling

their products directly to the public. At least 50% of vendors must sell agricultural or food products as designated by the State of Maryland's definition for 'Farmers Market.'"

VENDOR INFORMATION	
Total number of vendors proposed at the market	
Vendor Composition: Please estimate the percent of vendors in each category that will be vending at your market. We understand the variability that is inherent to a Farmer's Market and ask you to estimate the number over the course of the season	<u>Percent of Vendors</u>
<u>Farmers (producers of agricultural products)</u> * Agricultural products include, but are not limited to: fruits, vegetables, mushrooms, herbs, grains, legumes, nuts, shell eggs, honey or bee products, flowers, nursery stock, poultry or meat, milk, yogurt, cheese, other dairy products, and seafood.	
<u>Value-Added Farm Product Vendors</u> * Value added products include, but are not limited to: baked goods, jams and jellies, canned vegetables, dried fruit, syrups, salsas, salad dressings, flours, coffee, smoked or canned meats or fish, sausages, and prepared food.	
<u>Other Products (specify product below.) Limited to 50% of total vendors</u>	

5.) WASTE REMOVAL

Portable Toilets

How many portable toilets are you providing? _____ How many accessible portable toilets? _____

Where will they be set up? _____

REQUIRED:

Name of the Company: _____

Address: _____ Telephone: _____

Contact Person: _____ Title: _____

Delivery Date: _____ Removal Date: _____

Garbage/Refuse

How do you plan to remove garbage/refuse? _____

List the name and phone number for the person responsible for cleanup (cleanup committee head). _____

Name _____ Telephone Number _____

Do you require trash receptacles, dumpster(s) or load packer(s) from the City? Yes _____ No _____

If yes, complete the *Application for City Services and Equipment*.

OFFICE USE ONLY		
Date Received:	Approved by:	Date Approved: