

# ABFM 2025 Food Vendor Application

The 2025 Acton-Boxborough Farmers Market will run Sundays, June 15 – October 12, 10am–1pm with a holiday market on November 23.

Business Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Staff Cell Phone: \_\_\_\_\_

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

Instagram/Facebook: \_\_\_\_\_

May we put a link to your site on the ABFM website?  Yes  No

Please tell us a bit about your business. **If you are a produce vendor, please attach a plot plan to this application.**

Do you currently sell, have sold before, or plan to sell at other farmers markets? If so, where?

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## VENDOR PARTICIPATION

Do you want to participate as a:

<input type="checkbox"/> Seasonal Vendor	<input type="checkbox"/> Alternate-Week Vendor	<input type="checkbox"/> Per-Diem Vendor
Fees (for a 10' x 10' stall space):	\$225 + \$100 Compliance Fee*	\$135/season + \$100 Compliance Fee*
		\$20/day + \$100 Compliance Fee*

\* Please see the 2025 ABFM Vendor Rules of Operation for details.

### Per-diem Vendors:

Are there specific dates on which you want to participate? Please list: \_\_\_\_\_

### Seasonal & Alternate-Week Vendors:

Are there any dates on which you would not be able to participate during the ABFM season? (Each Vendor is allowed one excused absence.) If so, please list:

Do you process SNAP (Supplemental Nutrition Assistance Program)?  Yes  No

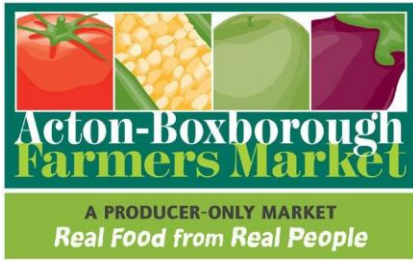
Are you a farmer that processes HIP (Healthy Incentives Program)?  Yes  No

Do you accept WIC, Senior, FMNP coupons?  Yes  No

If you're not seasonal, would you be available to participate as a last-minute fill-in Vendor in the event of another Vendor's cancellation? We would provide you as much advance notice as possible.  Yes  No

If yes, what is the best way to contact you? \_\_\_\_\_

**To apply to become a Vendor for the ABFM 2025 season, please read the ABFM 2025 Vendor Rules of Operation. Once you've done that, please download, complete, and submit all 3 pages of this application.**



## ABFM 2025 Vendor Application (cont'd.)

- Send this completed ABFM 2025 Vendor Application, all 3 pages; **be sure to sign, below**
- Produce Farmers - include a copy of your plot plan

When the above items have been received by the ABFM, you will be notified of your acceptance for the market (or your denial). **If approved**, please submit via email or snail mail the following items ASAP:

- Your payment for seasonal, alternate-week, or per-diem participation (\$225 for seasonal; \$135 for alternate-week; \$20 per market day for per-diem)  
Your \$100 Compliance Fee, may be combined with your stall fee, by check or  
**\*\*\* New this year, electronic payments accepted! Details forthcoming \*\*\***  
We will send our username in the acceptance email. If you can't pay electronically, please make your check payable to the Acton-Boxborough Farmers Market and mail it to 8 Mohawk Drive, Acton MA 01720.
- A copy of your Acton Health Department Temporary Food Permit (if applicable)
- A copy of the coverages page of your personal or business liability insurance, indicating coverages as designated in the Permits/Licenses/Insurances section of the ABFM 2025 Vendor Rules of Operation
- Email the information below for our website [Vendors@ABFarmersMarket.org](mailto:Vendors@ABFarmersMarket.org)

organization name • tagline • logo (high-res logo as .jpg/.eps/.ai) • contact info: (street/city/town, phone, email address) • website URL • a description of your farm/business and offerings (75 words or fewer)

**If you are a returning vendor, please let us know if you would like to update your logo and/or description**

No stall is considered reserved until the Stall Fee, the Compliance Fee, the Liability Insurance Policy and the Acton BOH Permit (if applicable) have been received by the ABFM.

**Please contact us with any questions at:**

email: [Vendors@ABFarmersMarket.org](mailto:Vendors@ABFarmersMarket.org)

**Please mail your completed application materials to:**

Acton-Boxborough Farmers Market, 8 Mohawk Drive, Acton, MA 01720

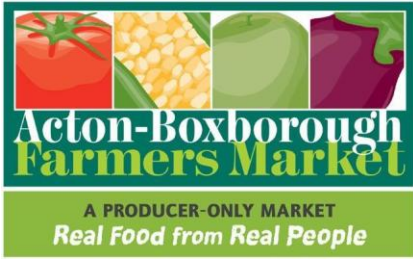
### **APPLICANT VENDOR SIGNATURE:**

The Vendor's signature (below) acknowledges that they have read, understand, and agree to abide by the terms of the ABFM 2025 Vendor Rules of Operation. The Vendor must carry their own general liability insurance (in amounts not less than \$1,000,000 per person per incident and \$1,000,000 aggregate), and product liability insurance (in an amount not less than \$1,000,000). Please name ABFM, 19 Elm Street, Acton MA 01720 as BOTH additionally insured and certificate owner.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **ABFM Mission Statement**

The mission of the Acton-Boxborough Farmers Market is to showcase local sustainable agriculture and promote organic practices; to educate the public on food and agriculture topics; to provide for direct, informed relationships between farmers and consumers; and to benefit local farmers and the local economy, as well as public health, community vitality, and regional environmental and economic sustainability.



# ABFM 2025 Vendor Product List

Please list any product you plan to sell during the ABFM season. Farmers: please enclose a plot plan with your Application.

Vegetables \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fruits \_\_\_\_\_

\_\_\_\_\_

Herbs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preserves, condiments, etc. \_\_\_\_\_

\_\_\_\_\_

Baked goods (list all ingredients for each item) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meats \_\_\_\_\_

\_\_\_\_\_

Seafood \_\_\_\_\_

\_\_\_\_\_

Dairy products (cheese, milk, eggs) \_\_\_\_\_

\_\_\_\_\_

Honey/maple syrup \_\_\_\_\_

Plants/cut flowers \_\_\_\_\_

\_\_\_\_\_

Personal care products \_\_\_\_\_

\_\_\_\_\_

Non-food item (maximum 1 per Vendor, with prior approval) \_\_\_\_\_

Other \_\_\_\_\_