

Downtown Johnstown Farmers Market 2024 Vendor Application

Please return the completed application, and registration fee to:

City of Johnstown
Attention: Jenna Cramer
401 Main Street
Johnstown, PA 15901

Should you have any questions, please contact Jenna Cramer at JCramer@cojtwm.com or (814) 539-2504 Ext.112.

The application deadline is May 3rd, 2024.

<hr/> Farm/Business Name
Website address: _____
Facebook Handle: _____
Instagram Handle: _____

<hr/> Applicant First Name	<hr/> MI	<hr/> Last Name	<hr/> Suffix
Contact Information			
_____		_____	
Email (Required)		Phone	

<hr/> Mailing Address (Street)		
_____	_____	_____
City	State	Zip

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Will require electricity at the Market for the production of your product or food safety purposes?

Yes: _____

No: _____

NOTE: Electric spaces are limited and will be assigned based on the needs of the market organizers.

Please check which category of goods you will primarily sell.

Produce: _____

Flowers: _____

Cheese: _____

Herbs/Relishes: _____

Meats: _____

Soaps/Lotions/Candles: _____

Baked Goods: _____

Jams/Jellies: _____

Hot Foods: _____

Ice-cream: _____

Food Truck: _____

Drinks: _____

Other: _____

Are you are certified to accept PA Department of Agriculture produce vouchers?

Yes: _____

No: _____

List all goods to be sold at the market:

NOTE: If you plan to sell goods that are not produced by you and you are not an existing city business, you will be required to get a City of Johnstown vendor license.

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T Shirt Size (Adult) _____

Voluntary

The Johnstown Farmers Market strives to be inclusive and create opportunities for all. The questions below are for the purpose of monitoring market diversity over time, tracking effectiveness of our recruiting efforts and ensuring that our market is representative of the community. Please indicate if you/your business fits into any of the following (optional):

- _____ BIPOC (Black, Indigenous and People of Color)
- _____ Owner, manger or staff identifying as having a disability or being disabled
- _____ Immigrant or refugee owned or managed
- _____ LGBTQIA+ owned or managed
- _____ Veteran-owned or managed
- _____ Business is < 1 year old
- _____ Business has a social impact/mission component (beyond food access)

I am applying to be a vendor at the 2024 Downtown Johnstown Farmer's Market. I agree to follow all the rules and regulations of the Market. I understand I will need to produce a copy of my completed Mercantile License, Indemnity Agreement, and any other required documents once accepted before I can participate in the market. I acknowledge that it is my sole responsibility to obtain any required license, permit, certificate, and/or certification.

For vendors of prepared foods only: I understand that I must contact the Pennsylvania Department of Agriculture to obtain appropriate licenses and approval of planned sanitation measures. I understand that this is an application only and vendor selection is at the sole discretion of the Johnstown Farmers Market.

Signature

Date