

CITY OF BALTIMORE

Special Events & Street Vendor Section

 The Councilman Harry S. Cummings Building

 401 E. Fayette Street, Lobby

Baltimore, Maryland 21202

410.396.1916

Health Department 410.396.4424

SpecialEvents@baltimorecity.gov

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**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:**

**EMAIL ADDRESS:** \_

**ADDRESS OF MARKET LOCATION:**

**PROPERTY LANDOWNER (If on private property):**

**NAME: PHONE: ADDRESS:**

**CITY: STATE:**

**ZIP:**

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**2.) OPERATING INFORMATION**

**The Market will operate from: / /**

**TO / \_ /**

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

**At the following time From \_: \_ AM To : (check 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?**

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**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.)**

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**3.) OUTREACH**

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

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***\*\*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.’”**

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| **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** | **Percent of****Vendors** |
| **Farmers (producers of agricultural products)****\* 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.** |  |
| **Value-Added Farm Product Vendors****\* 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.** |  |
| **Other Products (specify product below.) Limited to 50% of total vendors** |  |

***Portable Toilets***

**5.) WASTE REMOVAL**

**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.***

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