



# Farmers Market Rules and Regulations

Please read carefully-- VERY IMPORTANT!!

- ◆ All participants must comply with the Gaithersburg Mayor & Council Resolution R-73-05
- ◆ All vendors bringing non-potentially hazardous prepackaged food items such as; baked cookies, cakes, pies, breads or preserves such as jams, jellies, honey, fruit spreads (conserves, fruit butters) and dried herbs require a Montgomery County Health Department Permit. For additional information call (240)777-3986.
- ◆ All vendors are required to stay the entire market time.
- ◆ Submittal of application does not guarantee placement.
- ◆ Vehicle Pass must be displayed in windshield and Vendor Permit must be prominently displayed during vending hours.

## Market Registration Information

Fee: \$75.00 for entire season \$5 discount for City of Gaithersburg Residents  
Checks made payable to "City of Gaithersburg"

Location: Olde Towne Gaithersburg - Fulks Corner and Rt.355

Dates: Thursdays - June through October

Time: 2 p.m. to 6 p.m.

## **PRODUCER**

A producer is any person offering for sale articles for human consumption such as fruits, vegetables, baked goods, jams, preserves, or honey grown by the producer, members of his family or by persons in his employ. A PRODUCER can also be any person offering for sale non-edible articles, such as cut or potted flowers which have been raised or prepared by the producer, members of his family, or by persons in his employ.

## **REQUIREMENTS**

The Maryland State Sales Tax Division requires vendors selling bedding plants and/or flowers to have a temporary or permanent retail sales tax license. Applications for either license may be obtained from the regional office of the Maryland State Sales Tax Division 410-767-1300 or [www.marylandtaxes.com](http://www.marylandtaxes.com). Items that are made or produced for human consumption are not taxable. It is the vendor's responsibility to collect sales tax if applicable. This is an easy procedure, but one that must be followed. For more information please call the Maryland State Sales Tax Division at 410-767-1300, or they prefer that you contact on line at [www.marylandtaxes.com](http://www.marylandtaxes.com)

The Montgomery County Department of Health requires registration if items to be sold are prepared in a kitchen, (i.e. baked goods, preserves, jams, etc.) For questions call 240-777-3986.

Participants assume all responsibility for any loss, damage, claim or other injury to themselves, their employees, the City or the third parties resulting from use of the site by participants, or by reason of participants, their employees, agents, representative, or to any of the items, materials, goods or other property of the same, whether caused by fire, theft, act of God, accident or any other cause whatsoever, for the period during which the participants use the space, and shall indemnify and hold harmless the City, its employees, agents and representative from any and all such loss, damage, claim, injury or other expense relating thereto.

## **MARKET PLACE ACCEPTANCE**

The City of Gaithersburg reserves the right to choose producers who will enhance the variety and quality of the market. Priority will be given to returning vendors in good standing at the end of the previous market season.

The City reserves the right to restrict or prohibit the sale and display of any item(s) deemed inappropriate. The City follows Montgomery County Guidelines for Farmers' Markets.

**City of Gaithersburg Olde Towne Farmers Market**  
**Fulks Corner & Rt. 355**



Application does not guarantee acceptance and placement in the market. The organizers will use a selection process to provide the greatest variety of vendors to enhance the market experience for those attending. Vendors who are not selected will receive a refund.

**PLEASE PRINT OR TYPE**

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

MD Tax ID# \_\_\_\_\_ Location of Farm Business \_\_\_\_\_

Total Acreage in Production \_\_\_\_\_ Total Greenhouse Space in Production \_\_\_\_\_ Approx. Start Date \_\_\_\_\_

Is farming a full-time or part-time occupation for you? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Type of Farm Practice: \_\_\_\_\_ Organic \_\_\_\_\_ IPM \_\_\_\_\_ Traditional \_\_\_\_\_ "Pesticide Free" (not organic)

If organic, how long has your farm been cultivated under organic practices? \_\_\_\_\_ Years \_\_\_\_\_ Months

If organic, have you received a certification as an organic grower? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of agency or organization: \_\_\_\_\_

**Items Brought To Market**

If necessary use back of form or attach a separate sheet.

<b>Vegetables- Types</b>	<b>Estimated Harvest Date</b>	<b>Vegetables- Types</b>	<b>Estimated Harvest Date</b>
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<b>Tree Fruits- Types</b>	<b>Estimated Harvest Date</b>	<b>Tree Fruits- Types</b>	<b>Estimated Harvest Date</b>
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<b>Small Fruits- Types</b>	<b>Estimated Harvest Date</b>	<b>Small Fruits- Types</b>	<b>Estimated Harvest Date</b>
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Potted Plants: \_\_\_\_\_

Bedding Plants: \_\_\_\_\_

Cut Flowers: \_\_\_\_\_

\*Dried Herbs: \_\_\_\_\_

\*Honey (# of Hives): \_\_\_\_\_

\*Processed or Prepared items: \_\_\_\_\_  
 (i.e. cider, jam jelly, fruit spread)

Baked Goods: \_\_\_\_\_

Other: \_\_\_\_\_

**\*Copies of Montgomery County Department of Health permits must accompany this application if items with asterisk are included.**

**Call 240-777-3986 for permit information.**

**SET UP INFORMATION**

Please describe your method of display (check one)

\_\_\_\_\_ Sell directly out of truck (maximum one ton) \_\_\_\_\_ Set up market display (provide drawing of layout)

\_\_\_\_\_ feet high x \_\_\_\_\_ feet wide x \_\_\_\_\_ feet length

## VENDOR ACKNOWLEDGEMENT

**My signature attests to my agreement to adhere to the rules and regulations and responsibilities stated here. In addition I agree to adhere to the following:**

1. I will not sell produce that is not in season locally.
2. I will not sell poor quality produce.
3. A majority of the produce I sell will be produced by me.
4. I am responsible for insuring that my space is left clean and free of trash, abandoned produce, etc. These items will be taken home for disposal.
5. I will be responsible for the conduct of anyone representing me.
6. I will be cooperative with the City of Gaithersburg's agent(s), Market Master (if applicable) and other producers so as to have a pleasant and orderly market.
7. I will comply with Montgomery County Health Dept. requirements if I sell non-potentially hazardous prepackaged food items such as baked goods, preserves, honey, and dried herbs.
8. I understand that I must arrive prior to market opening and that I will not dismantle my booth or remove it from the location before the end of the market time.
9. I will be responsible for providing tables, table covers and other miscellaneous items necessary for my booth operation. All equipment must be safely and properly secured in the event of adverse weather conditions.
10. I will display my vendor permit in a prominent location at all times during vending hours.
11. **Safety Concerns are a priority for the City.** I will ensure that my inventory, equipment and supplies do not present a safety hazard to the public.
12. I will not have pets, alcohol, weapons or illegal/harmful substances with me while selling on City property.
13. I will comply with Maryland Sales Tax requirements if they are applicable to my product.
14. I understand that **with prior approval** from the City of Gaithersburg representative, I may include limited commercially produced items that are considered "value enhancing" to the market (example: olive oils, dressings).

I certify that I have read and understand Resolution R-73-05 of the Mayor and City Council of Gaithersburg establishing policy and setting forth standards for participation in this City sponsored and sanctioned event. I understand that I will not hold the City responsible if I do not make a profit. I hereby release the City of Gaithersburg from all responsibility for theft or damage to any items involved with my booth operation.

By participating in this Market I agree that I, or anyone entitled to act on my behalf, together with the organization I represent (if any), hereby waive and release the City of Gaithersburg and the organizers of the market, plus all event partners, sponsors and volunteers, and their representatives, successors and assigns, from all claims and liabilities of any kind arising out of my participation in the market, even if that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Participation in the Main Street Farmers' Market by groups or organizations other than City of Gaithersburg Officials, departments or committees does not constitute City of Gaithersburg endorsement.

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Signature

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Date

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Print Your Name

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Print Your Business/Organization Name

Please mail 1) registration form, 2) growers certificate, 3) copy of Health Department permit (if applicable), 4) Copy of Maryland Sales Tax license (if applicable) and payment to:

GAITHERSBURG FARMERS' MARKET 2008  
506 S. FREDERICK AVE.  
GAITHERSBURG, MD 20877