

Fryeburg Farmers Market

Producers Application for Membership 2025



Farm Name _____

Your Name _____

Address _____ Town _____ Zip _____

Phone _____ Email _____

Website _____ Social Media _____

What Farm Products do you sell? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Vegetables and Herbs | <input type="checkbox"/> Vegetable and Herb Seedlings | <input type="checkbox"/> Fish/Seafood |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Flower Seedlings | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Maple Products | <input type="checkbox"/> Chicken/Poultry | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Beef | <input type="checkbox"/> Fiber Products |
| <input type="checkbox"/> Flowers (annuals/perennials/hanging baskets etc) | <input type="checkbox"/> Pork | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Lamb | <input type="checkbox"/> _____ |

What Processed Products do you sell? (check all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Cider |
| <input type="checkbox"/> Jams, Jellies, Relishes | <input type="checkbox"/> Cheese |
| | <input type="checkbox"/> Other _____ |

Please check any of the following growing practices that apply to your farm

- | | |
|--|--|
| <input type="checkbox"/> Conventional | <input type="checkbox"/> IPM |
| <input type="checkbox"/> Certified Organic | <input type="checkbox"/> Non-certified organic |
| | <input type="checkbox"/> Other _____ |

Please select days you will attend the market

- | | | |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 8 | <input type="checkbox"/> July 20 | <input type="checkbox"/> August 31 |
| <input type="checkbox"/> June 15 | <input type="checkbox"/> July 27 | <input type="checkbox"/> September 7 |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> August 3 | <input type="checkbox"/> September 14 |
| <input type="checkbox"/> June 29 | <input type="checkbox"/> August 10 | <input type="checkbox"/> September 21 |
| <input type="checkbox"/> July 6 | <input type="checkbox"/> August 17 | <input type="checkbox"/> September 28 |
| <input type="checkbox"/> July 13 | <input type="checkbox"/> August 24 | |

Please provide a brief description of your farm's operations. Include acreage, primary products, scale of operations, years in production, and current market for your products. Use a separate page if necessary.

Please provide documentation of any insurance, applicable licenses, permits, and certifications with your application.

I have read the By-laws of the FFM and the FFM Market Rules and will abide by all rules for the duration of my membership.

I agree Signature: _____ Date: _____

For Market Use: Payment Rec'd _____ Date _____ Check # _____ Licenses Provided? _____
