



**Fulton County Medical Center**  
214 Peach Orchard Road  
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www.fcmcpa.org

## Fulton County Medical Center Farmers' Market 2018 Application

**BUSINESS NAME** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_ **EVENING PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**MARKET DATES:** June 1, 2018 to October 26, 2018

**MARKET HOURS:** 9AM to 2 PM

**REGISTRATION FEE:** \_\_\_\_\_ Daily \$10 per week

Payable to Market Manager at the start of the Market each week

\_\_\_\_\_ Seasonal \$190 for all dates (\$40 savings)

Seasonal fees must be paid in full by May 29 and are non-refundable

If selling products other than produce, vendors should check with the Pennsylvania Department of Agriculture, Food Division, regarding licensing requirements prior to selling at the Fulton County Farmers' Market. Vendors may be required to purchase a temporary food license. Contact Cindy Claar with PA Department of Agriculture at (717) 736-3690 if you have questions.

I, the undersigned and all of my representatives, agree to abide by the Fulton County Medical Center Farmers' Market rules and regulations, a copy of which I have reviewed, signed and returned with this application.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

To complete the application process, please return a copy of your valid Product Liability Insurance policy, Verification Form, a signed copy of the Fulton County Medical Center Farmers' Market Rules and Regulations and this completed application to Fulton County Medical Center. If enclosing a payment, please make checks payable to **Fulton County Medical Center**.

For questions or more information, please contact Siggy Hawkins, (717) 485-2884, or  
fcmcfarmersmarket@gmail.com