

**St. Matthews Farmers Market
2025 Application**

Name of Farm or Business: _____
Address: _____
City, State and Zip Code _____
Contact Name _____
Phone _____ Fax _____ Cell _____
Email Address _____
Website: _____ Acres Farmed: _____

List or describe all produce or products to be sold _____

List other Farms and products you are consignment selling: _____

Would you like to be considered for a space for the entire season? _____

If you are not selected for the entire season you can be considered as an Alternate. As an Alternate you will be given 5-6 dates for the season to have a space. If you want to be considered as an Alternate should a permanent spot not become available, please circle one:
YES NO

Do you have a home-based processing certificate? _____

Do you carry liability insurance? _____

Vendors, not the Market, are individually responsible for conforming to all city, state and federal laws including the securing of any licenses or certifications required for the operation of their Market space and for the items they sell or distribute at the Market. Vendors will comply with and satisfy their sales tax obligations. Copies will be required to be submitted with payment at the Spring Market Meeting.

“To the best of my knowledge, all information submitted on this application is accurate. I have received and read the 2025 St. Matthews Farmers Market Rules & regulations and agree to be bound and abide by them if allowed to participate in the St. Matthews Farmers Market.”

Signed: _____ Date: _____

Mail to:
Beargrass Christian Church
Attn: Farmers Market Committee
4100 Shelbyville Rd
Louisville, KY 40207

E-mail to:
stmatthewsfarmersmarket@gmail.com
dmercker@gmail.com