

**St. Matthews Farmers Market  
2026 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 2026 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](mailto:stmatthewsfarmersmarket@gmail.com)  
copy to: dmercker@gmail.com

Applications must be received by 2/1/2026 to be considered for a space for a permanent 2026 season.