



2025 QUINCY FARMERS MARKET - NEW VENDOR - APPLICATION

Vendor Name(s): _____

Business Name
(if applicable): _____

Product(s) for Sale: _____

Registration Type: ____ Annual (\$210 - *prepay by APRIL 25*) ____ Single (\$9/per market)

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Are you authorized to accept FMNP or WIC? YES ____ NO ____

Are you a Certified Organic grower/producer? YES ____ NO ____

(USDA Organic)? YES ____ NO ____

What payment types do you accept (select all that apply)?

____ Cash ____ Personal Checks ____ Credit Card/Debit Card

____ Venmo/Paypal/CashApp (Circle any that you accept)