

Insurance _____
Certification _____
State License _____

**City of Portland
Office of the City Clerk
389 Congress Street
Portland, ME 04101
(207) 874-8557**

New \$35 Renewal \$25
License Fee \$70
Total Due _____
Make Checks Payable to:
City of Portland

**Farmer's Market License Application
(Annual License expires March 31)**

Please check one: (Corporation/ LLC/ Non-profit org. ____) (Sole Proprietor ____) (Partnership ____)

Business/Farm Name: _____

Owner's Name: _____

Address of Farm: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

Please check all product categories sold by you at the Portland Farmer's Market:

Fruit _____ Vegetables _____ Eggs _____ Raw and Spun Wool _____
Fresh Christmas Materials _____ Dried Flowers/Arrangements _____

To sell the following products you must submit a copy of your Department of Agriculture License:

Meat (Frozen) _____ Meat (Fresh) _____ Flowers _____ Cheese _____ Baked Goods _____ Pesto _____
Honey _____ Jams/Jellies _____ Pickles _____ Relishes _____ Plants _____ Seedlings _____ Chicken _____
Milk _____ Maple Syrup _____ Apple Cider _____ Herbs (prepared) _____ Other _____

****The sale of baked goods is limited and can not exceed 49% of your total sales at the public market.**

In what month will you start selling at the market? _____

In what month will you stop selling at the market? _____

Which day(s) will you sell? Mon (Monument Sq) _____ Wed (Monument Sq) _____ Sat (Deering Oaks Park) _____
Sat (Winter Market) _____

How large is your market vehicle plus vending area (how much space)? _____

Does the award of this license benefit any City employee? Yes ___ No ___

If Yes, list name(s) and department(s) _____

Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland? _____ Yes _____ No. If yes, please list business name(s) and location(s):

Is any principal officer under the age of 18? _____ Yes _____ No

SOLE PROPRIETOR / PARTNERSHIP INFORMATION: (if corporation, leave blank)

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____
Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____
Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

CORPORATE / LLC / NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)

Corporation Name: _____

Corporation Mailing Address: _____ ZIP _____

Contact Person: _____ Phone Number: _____

PRINCIPAL OFFICERS: (if more space is needed, please attach a separate page)

Name _____	Title _____	Date of Birth _____	Residence Zip Code _____
Name _____	Title _____	Date of Birth _____	Residence Zip Code _____
Name _____	Title _____	Date of Birth _____	Residence Zip Code _____
Name _____	Title _____	Date of Birth _____	Residence Zip Code _____
Name _____	Title _____	Date of Birth _____	Residence Zip Code _____
Name _____	Title _____	Date of Birth _____	Residence Zip Code _____

**Please submit Proof of Insurance (Certificate), Public Market Certification,
a copy of your current State Department of Agriculture License(s)
and State Mobile Vendors License with this application.**

Read carefully and sign

I/we hereby certify that all of the products I/we offer for sale are of my/our own raising or of some other person holding a City of Portland Farmer’s Market License or that I/we will label any fruit, vegetables, flowers, seedlings and plants that are raised by anyone other than me/us. I/we realize that no more than 25% of our total sales can come from the sale of produce not raised on my/our farm.

I/we certify that none of the products were raised outside the State of Maine.

I/we hereby certify that all statements made in this application are true. I/we agree and understand that any misstatements or omissions of material fact herein will result in refusal of license. I/we understand that any information provided on this application shall become public record, and I/we hereby waive any rights of privacy with respect thereto. I/we have read and understand the City of Portland’s Farmer Market Regulations.

Signature: _____

Date: _____

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Public Market Certification

Please have the Municipal Officers/Selectmen of your town of residence complete the following:

The undersigned, being the Municipal Officers/Selectmen of the

City/Town of _____ hereby certify that _____
(Town of Residence) (Name of Farmer)

resides in the Town/City or owns/rents _____ in the Town/City, property capable
of being cultivated. (Name of Farm)

Municipal Officers/Selectmen of: _____

Date: _____