

# 2019 Shoreview Farmers' Market Community Table Application/Agreement Form



**Tuesday's, June 11 – October 15**  
**3:00 p.m. – 7:00 p.m.**  
(3:00 p.m. - 6:00 p.m. September 3 – October 15)

**Mail Application To:**  
**City of Shoreview Farmers Market**  
**Attn: Market Manager**  
**4580 Victoria Street North, Shoreview, MN 55126**

Thank you for your interest in the Community Table at the Shoreview Farmers' Market!  
This place is available to community and non-profit organizations at no charge for promotional and educational purposes.

1. Application/Agreement form must be filled out and submitted 2 weeks prior to the planned market date.
2. **The applicant is responsible for bringing a tent, table(s) and chair(s) for their use at the Market. Our market only provides a 10'x10' space. Tents must be secured with weights.**
3. Products for education, demonstrations must be listed on application.
4. The community table space is a non-parking space.
5. All market rules apply to the community table space. Please Read the Rules and Regulations Handbook for the 2019 season.
6. This space cannot be used for political campaigning.



**The day you sign up to attend, please arrive and be set-up by 2:30pm and stay until the market ends at 7:00pm.**

**Contact the Farmers' Market Manager, at 651-490-4734 or [sschutta@shoreviewmn.gov](mailto:sschutta@shoreviewmn.gov) if you have any questions.**

# Shoreview Farmers' Market Community Table Application/Agreement Form

Applications will be considered on a first come first serve basis and space is limited so you are encouraged to submit your application early. You will be notified by email regarding acceptance or refusal of your application.

**Organization Name:** \_\_\_\_\_

**Community Table Representative Name (must be present at table):** \_\_\_\_\_

**Names of additional table representatives:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Business/Home Phone :**( \_\_\_\_\_ ) **Cell Phone :**( \_\_\_\_\_ )

**E-Mail:** \_\_\_\_\_

**Mission and Goals**

Please, provide a brief description of your organization, its mission and goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Market Activities**

Please provide a list of any activities, information and programs that you are planning on having at the market:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate **ONE** day your Organization will be attending the market

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
<input type="checkbox"/> 11	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 3	<input type="checkbox"/> 1
<input type="checkbox"/> 18	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 10	<input type="checkbox"/> 8
<input type="checkbox"/> 25	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 17	<input type="checkbox"/> 15
	<input type="checkbox"/> 23	<input type="checkbox"/> 27	<input type="checkbox"/> 24	
	<input type="checkbox"/> 30			

\_\_\_\_\_

*Applicant Signature*

*Date*