

2019 Shoreview Farmers Market Vendor Application

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**

1. Read the Rules and Regulations Handbook for the 2019 season
2. Applications not filled out completely will not be considered and returned back to applicant
3. Only one applicant per household will be allowed. Any household applying under multiple names will not be considered.
4. **Full payment must be submitted with this application. If vendor is not accepted into the Market a full refund will be submitted back to vendor.**

Applications will be accepted throughout the season; however, space is limited so you are encouraged to submit your application early! Priority registration and deadline for returning 2018 vendors is March 1st. You will be notified by mail/email the week of March 29th regarding acceptance or refusal of your application.

You are being asked to supply certain information about yourself that may be private information. The requested information may be used by the Farmers Market staff, Parks and Recreation department and other City of Shoreview employees as reasonably necessary. The purpose of this requested information is to compile a list to allow the City to contact you with information regarding your status as a vendor, market related updates/questions, weather related closures, etc. Failure to supply the requested data may result in the delay of the City supplying you with information or acceptance of your application.



<u>Office Use Only</u>			
Date Received _____			
Check/Mo _____	CC _____	Cash _____	Amount Pd _____
Electric Needed _____		Paid _____	

Contact Information:

Business/Farm Name: _____

Primary Seller Name (First/Last): _____

List additional sellers and indicate relationship to primary seller:

Name of additional seller	Relationship to primary seller

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Farm, Garden, or Business Address (if different from above): _____

Business/Primary Phone: (____) _____ Secondary Phone: (____) _____

E-Mail: _____ Website: _____

MN Sales Tax ID Number (if applicable): _____

Nature of Business – I am a/an (check the appropriate boxes below):

Farmer, I produce (please check all that apply):

- Fruits and/or Vegetables
- Meat, Dairy, and/or eggs
- Grains and or legumes
- Nursery Plants
- Certified Organic (attach copies of certification documents)
- Arts & Crafts
- Other (please specify): _____

Do you grow/produce ALL your items? _____ Yes/ No

If no – please explain _____

Do you require electricity? (**Additional \$25 per stall**) Yes / No Amps used _____

Truck Length _____ (in feet) is your truck refrigerated? Yes / No

Are your items grown in or connected to Minnesota? Yes / No

Are you a member of Minnesota Grown? Yes / No

Are you a registered Farmers Market Nutrition Program vendor? Yes / No

Do you use sprays/insecticides on your product? Yes / No

Are you selling any canned/processed food items? Yes / No

If you sell meat, where is the meat processed? _____

List other farmers markets that you attend: _____

Permits, Licenses, and Insurance:

Use the chart below to determine copies of which permits, licenses, and insurance forms you will need to submit with your application. **It is the vendor's responsibility to have all the correct licensing.**

Type of Product	ST-19 MN Revenue Form	Certificate of General Liability Insurance	MN Dept. of AG	MN Dept. of Health	Nursery Stock Growers Certificate	Other Commercial License
Fresh Fruit & Vegetables	√	√				
Meat, Eggs or Dairy	√	√	√			
Fresh Cut Flowers	√	√				
Nursery Stock	√	√			√	
Non-Potentially Hazardous Foods (Home- Canned/Home-Processed Foods Qualifying under the MN "Cottage Food Law" Exemption)	√	√	√			
Immediately consumable foods	√	√		√		√

Additional licensing from Ramsey County Department of Health may be required to participate in the market. Please contact them at 651-266-1199 to ensure that you are fully licensed. **INCLUDE WITH APPLICATION.**

Attendance Dates:

Indicate **ALL** days you will be attending the market. We understand plans may change, but you must contact us at 612-756-2744 if your attendance will be different than the days listed here.

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			

Vendor Publicity:

We want to promote our vendors! We are always updating our website, marketing materials, weekly newsletters, and planning out new forms of promotions for the Farmers' Market. Please, check the pieces of information below that you would like to share with the public.

We will not share any information what is not checked below.

- | | |
|---|---|
| <input type="checkbox"/> Your Name | <input type="checkbox"/> Your Email Address |
| <input type="checkbox"/> Your Farm or Business name | <input type="checkbox"/> Your Farm or Business website |
| <input type="checkbox"/> Your Farm or Business location | <input type="checkbox"/> Your Social Media Accounts/Pages |
| <input type="checkbox"/> Your Phone Number | |

Our customers have requested to get to know you! Please tell me a little about yourself, your family, the products you sell, your farm, other markets you sell at, etc. (use this space or attach a sheet to your application). This information may be used in the marketing materials of the market.

2019 Shoreview Farmers Market Application Agreement

Please check:

- I have read and agree to abide by all City of Shoreview Farmers Market guidelines and rules.
- I understand that, once I receive written confirmation of my acceptance, the season fee is non-refundable.
- I agree that the City of Shoreview are not liable for any injury, illness, theft, loss, or damage of any kind to either the buyer or seller, or their property, arising out of or pertaining to preparation for, participation in, or use or consumption of products bought, sold, or provided at the Shoreview Farmers Market.
- I understand that it is recommended that I carry my own general liability and product liability insurance as the City of Shoreview does not provide this coverage.
- The City of Shoreview takes pictures and videos of people participating in/attending the Shoreview Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and me for this purpose.

The Following Forms are REQUIRED to complete the application:

- Completed Application
- Full Season Payment
- Picture ID – Drivers License Photo, Casual/Professional/Family/Farm
- Map/Directions to farm or production location
- MN Department of Revenue Form ST-19
- Copy of General Liability Insurance
- Shoreview Farmers' Market Application Agreement Form
- Photo of your booth/product/display (New Applicants Only)

*Please keep in mind that incomplete information or failure to include all forms could delay your acceptance. Incomplete applicants will be returned in their entirety to the vendor.

Primary Seller Signature

Date

Email kjohnson@shoreviewmn.gov or sschutta@shoreviewmn.gov with questions.