



Market Dates:
Tuesday's, June 9 – October 13
3:00 p.m. – 7:00 p.m.
(September 1 – October 13 | 3:00 p.m. - 6:00 p.m.)

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 2020 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 2019 vendors is March 13th. 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.

2020 Shoreview Farmers Market Vendor Application

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):

- | | |
|---|---|
| <input type="checkbox"/> Fruits and/or vegetables | <input type="checkbox"/> Certified organic (attach copies of certification documents) |
| <input type="checkbox"/> Meat, dairy, and/or eggs | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Grains and or legumes | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nursery plants | |

- Do you grow/produce all your items? Yes/ No
- If no – please explain _____
- Do you require electricity? 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: _____

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"/> 9 | <input type="checkbox"/> 7 | <input type="checkbox"/> 4 | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 14 | <input type="checkbox"/> 11 | <input type="checkbox"/> 8 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 21 | <input type="checkbox"/> 18 | <input type="checkbox"/> 15 | |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 28 | <input type="checkbox"/> 25 | <input type="checkbox"/> 22 | |
| | | | <input type="checkbox"/> 29 | |

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.

- Your name
- Your farm or business name
- Your phone number
- Your email address
- Your farm or business website
- Your social media accounts

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.

Product availability list:

The number of vendors in each category is limited in order to prevent saturation in one category. This will improve sales for all vendors. The Market Manager will determine the number of vendors in each category through the application process. On the lines below, list ALL items you will be selling at market. **Items not listed may not be sold. If application is accepted, any additions to items sold must be submitted in writing and cannot be sold until approved by market staff.** If additional space is needed, please attach product sheet, photos, etc. This list will help in determining which stall you are assigned to at our market.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |

Payment:

Please check stall preference:

| Stall size request | Fee |
|--|---------------------|
| <input type="checkbox"/> 1 Stall (2 full parking spaces) – one vehicle allowed | \$ 345 full season |
| <input type="checkbox"/> 2 Stalls (4 full parking spaces) – one vehicle allowed | \$ 530 full season |
| <input type="checkbox"/> Daily Stall (2 full parking spaces) – one vehicle allowed | \$25 daily fee |
| <input type="checkbox"/> Electrical (entire season) | \$ 25 entire season |
| <input type="checkbox"/> Electrical (daily) | \$5 daily fee |

Please leave any comments here for the Market Manager to consider when reviewing your application. Such as a special preference on stall placement, handicaps, sun exposure on product, etc.

Permits, licenses, and insurance:

It is the vendor's responsibility to have all the correct licensing, permits and insurance. 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.**

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
- Map/directions to farm or production location
- MN department of revenue form ST-19
- Copy of general liability insurance
- 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 sschutta@shoreviewmn.gov with questions