

ST. JACOBS FARMERS' MARKET VENDOR APPLICATION

rev.02/2020

Please print clearly

Date: _____

Check One: New Vendor Returning Vendor

Business Name: _____

Owner/Operator's Name: _____

Vendor Address: _____

City: _____ Postal Code: _____

Email Address: _____

Website: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Which phone number may we give to public: _____

Do you attend other markets: Yes No If yes, Where: _____

Do you make, grow or produce your own product? Yes No

Is your product sold anywhere else? _____

Product Listing: *(Please be specific and MUST include pictures)*

Outside Space *(Check the box in all areas of interest)* **Sales Frontage Required:** *(Minimum 10 feet):* _____

<input type="checkbox"/>	Daily Vendor Space: Once approved you have the option to attend any market days for that year. Daily space is outside year round. (Not fast food)
<input type="checkbox"/>	Outdoor Food Trucks: Must commit to full season (either 31 or 40 weeks). If approved all food trucks must pass applicable inspections before being allowed to vend.
<input type="checkbox"/>	Seasonal Food or Flea Market Vendor: Must commit to full season (either 31 or 40 weeks). Vendor is assigned the same booth space for full season.
<input type="checkbox"/>	Seasonal Farmer: Must commit to full season. Season assigned based on growing season of your produce/ product

Inside Space *(Rate in order of preference)* **Sales Frontage Required:** *(Minimum 10 feet):* _____

<input type="checkbox"/>	Peddler's Village
<input type="checkbox"/>	Farmers' Market Building
<input type="checkbox"/>	Market Tent
<input type="checkbox"/>	Colony Houses

Equipment Required: *(please list any equipment you will be bringing in)*

Equipment List:

Vendor Type *(Check all that apply)*

	Producer (i.e. Farmer, artisan etc.)
	Retailer
	Service
	Other

Notes:

1. Any and all equipment must be approved by local governing bodies such as ESA, CSA, TSSA, and the local fire department.
2. Unless otherwise noted all contracts are payable in advance of each quarter. Daily space is cash only paid the day of vending. There will be no refunds of any kind.
3. IF approved, any vendor selling food products will be required to apply to the health department for approval. Commercial/market kitchens must be used for food preparation. Food prepared in home kitchens will not be permitted.
4. It takes at **least two weeks** for your application to be reviewed. Once processed you will be contacted. You must be approved before you are permitted to vend.

Vendor Signature

*(*I have read Market Policies and understand them fully)*

-----**Office Use Only**-----

Approved: _____ Contacted by: _____ Entered: _____

Approved for: Daily: _____ Seasonal: _____ Inside: _____

Compliance: Insurance: _____ Health Department: _____ Proof of Grower: _____

Comments:
