

St Croix Falls Farmers Market

2011 Vendor Application

CONTACT INFORMATION

Vendor name last first middle

Address: street

city state zip

Primary Contact: phone phone 2 e-mail

Please list any other persons who will sell for you at the market:

BUSINESS INFORMATION

- | | | |
|--|---|--|
| <input type="checkbox"/> <u>Vegetables/fruits</u>
(indicate which) | <input type="checkbox"/> Baked goods | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Jams/jellies/pickles
(indicate which) | <input type="checkbox"/> Crafts/antiques | <input type="checkbox"/> Perennials: |
| <input type="checkbox"/> Flowers: <u>fresh/dried</u>
(indicate which) | <input type="checkbox"/> Dairy/eggs
(indicate which) | |

Please answer the following questions about your business:

How many years have you been farming and/or selling at farmers markets? _____

Is the business you represent at the SCFFM your primary income? _____

What is your distance (miles) to the SCFFM site? _____

Is this your primary market? _____

How many other markets do you attend? _____

Do you have any certification or are you affiliated with any local food programs?

If yes, which ones? _____

Do you have product liability insurance? _____

If so, through whom? _____

SCFFM MEMBERSHIP INFORMATION

Do you plan on selling for the entire market season; if not, how many weeks? _____

Have you understood the newly revised 2010 SCFFM by-laws? _____

_____ Seasonal (May-October) Stall Space - \$75 Paid on: _____

_____ Occasional - \$25/Saturday up to \$75 Paid on: _____

List of Products I plan on selling at the SCFFM:

I agree to abide by the market rules and regulations and the decisions of the board and I am responsible for assuring the market that I am in compliance with appropriate government regulations.

Signature: _____ Date: _____