



Rosedale Farmers Market: 2010 Vendor Application

Please return application and \$25 fee by **March 15, 2010** to
Rosedale Farmers Market Inc., 4326 Lloyd St, Kansas City, KS 66103

I. Vendor Contact Information

Business Name: _____

Vendor Name: _____

Street Address: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

E-mail: _____ Web address: _____

Home Phone: _____ Cell Phone: _____

Other markets and direct marketing sales in which you participate: _____

II. Vendor Type

Please select your primary vendor category:

Producer Processor Value Added Food Items

Please break down your product offerings by percentage:

____% Produce ____% Fruit ____% Baked Goods ____% Meat ____% Value Added
____% Honey ____% Nuts ____% Cut Flowers ____% Nursery Plants

Please describe your growing/production practices _____

Do you grow and/or raise all products or ingredients that you plan to sell at the Rosedale
Farmers Market? ____ If no, explain: _____

What's the size of your production center? _____

Are you *Certified Organic*? ____ Yes ____ No

Are you *Certified Naturally Grown*? ____ Yes ____ No

Do you have any other certifications/recognitions which you would like to share?

III. Insurance & Permits

Do you currently have commercial liability insurance? ___Yes ___No

(The Rosedale Farmers Market strongly encourages vendors to have commercial liability insurance. Please contact the market coordinator for more information.)

Do you have a KDOR Retail Sales Tax certificate? ___Yes ___No

Please send your application and a \$25 membership fee to Rosedale Farmers Market, Inc., 4326 Lloyd St, Kansas City, Kansas. Checks can be made payable to Rosedale Farmers Market, Inc.

Please include a copy of licenses/permits, certifications or other contractual agreements pertinent to the products you want to sell at the market.

I acknowledge and agree to take full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's market (May 16 – October 17). I agree to let the Market Manager and/or the Rosedale Farmers Market Board of Directors inspect my garden, farm or production area within 48 hours of their request. I understand that the Rosedale Farmers Market does not carry any insurance policies to cover individual participants and that I am strongly encouraged to carry such insurance.

I agree to abide by the Rosedale Farmers Market Guidelines and the rules and regulations contained therein.

I certify that the information contained in this application is true and accurate.

Name of Business: _____

Vendor's Name: _____

Signature: _____ Date: _____

SEE FOLLOWING PAGE FOR EXPECTED PRODUCT AVAILABILITY CHART

