

# 2018-2019 BLAINE INDOOR FARMERS MARKET VENDOR APPLICATION



Business/Farm Name: \_\_\_\_\_

Primary Seller Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Business/Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

MN Sales Tax ID Number (if applicable): \_\_\_\_\_

List additional sellers and relationship to primary seller: \_\_\_\_\_

### Nature of Business (check the appropriate boxes below):

I produce (please check all that apply):	
<input type="checkbox"/> Fruits and/or Vegetables <input type="checkbox"/> Meat, Dairy, and/or eggs <input type="checkbox"/> Grains and or legumes <input type="checkbox"/> Nursery Plants <input type="checkbox"/> Cottage Food Products	<input type="checkbox"/> Certified Organic (attach copies of certification documents) <input type="checkbox"/> Handcrafted Non Food (ex.-jewelry, woodworking.) <input type="checkbox"/> Health and Beauty Products <input type="checkbox"/> Other (please specify): _____ _____

### Product Availability List:

The number of vendors in each category is limited. The Market Manager will determine the number of vendors in each category. On the lines below, list ALL items you will be selling at market. **Items not listed may not be sold.** Attach additional sheets of paper if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Attendance Dates

Indicate **ALL** days you will be attending the market. We understand plans may change, but you must contact us if your attendance will be different than the days listed here. Vendors less than all 6 days will only be accepted if space is available.

### All Vendors

November	December	January	February	March	April
<input type="checkbox"/> 17	<input type="checkbox"/> 15	<input type="checkbox"/> 12	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 13

1. Do you grow/produce ALL your items? Yes/ No  
 a. If no – please explain \_\_\_\_\_

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  2. Are your items grown in or connected to Minnesota? Yes / No
  3. Are you a member of Minnesota Grown? Yes / No
  4. Are you a registered Farmers Market Nutrition Program vendor? Yes / No
  5. Do you use sprays/insecticides on your product? Yes / No
  6. Are you selling any canned/processed food items? Yes / No
  7. If you sell meat, where is the meat processed? \_\_\_\_\_
  8. List other farmers markets or craft fairs that you attend: We may contact these markets for a reference on new vendors.
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### Market Fees:

Market payment must accompany your application. Fees will be returned if you are not accepted.

Stall Size Request	Fee	Amount Due
<b>Food Vendors Full Season Fees- 6 days</b>		
<input type="checkbox"/> Single Space: one 8 foot table	\$ 120	
<input type="checkbox"/> Double Space: two 8 foot tables	\$ 180	
<b>Non Food Handcrafted Vendor Fees</b>		
<b>Health &amp; Beauty Vendor Fees</b>		
<input type="checkbox"/> Single Space: two five foot tables	\$ 120	
<b>Daily Fees</b> based on availability		
<input type="checkbox"/> Single Space one table	\$ 30	
<b>Electricity</b>		
<input type="checkbox"/> I need electricity - Vendor must supply their own extension cord	\$ 0	
Total Amount Due		

Please leave any comments here for the Market Manager to consider when reviewing your application.

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### Vendor Publicity:

We will post a graphic of your business on our website and provide a link to your website or Facebook page. In addition, we will list your business name on our marketing materials as space permits.

## 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 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	√	√		√		√
Handcrafted Non Food	√					
Beauty Products (soaps/otions)	√					

Additional licensing from Anoka County Department of Health may be required to participate in the market. Please contact them at 763-422-7063 to ensure that you are fully licensed. **INCLUDE WITH APPLICATION.**

## Application Requirements

- Application, fully completed and signed
- Picture ID – Driver's License Photo, Casual/Professional/Family/Farm
- Map/Directions to farm or production location
- My Biography
- MN Department of Revenue Form ST-19
- Copy of General Liability Insurance
- Copies of licenses as required above
- Photo of your booth/product/display (New Applicants Only)
- Payment (checks made out to City of Blaine) Payment will be returned if not accepted in the market

## Blaine Farmers Market Agreement (Please check:)

- I have read and agree to abide by all City of Blaine Farmers Market guidelines and rules as laid out in the Farmers Market Handbook.
- I understand that, once I receive written confirmation of my acceptance, the season fee is non- refundable.
- I agree that the City of Blaine is 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 Blaine Farmers Market.
- I understand that it is recommended that I carry my own general liability and product liability insurance as the City of Blaine does not provide this coverage.
- The City of Blaine takes pictures and videos of people participating in/attending the Blaine 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.
- 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 Blaine 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.

*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

**Market Details:**

Dates: Saturdays – 6 dates  
November 17, December 15, January 12, February 9, March 9, April 13  
9 am – 1 pm

Location: Blaine City Hall Atrium  
10801 Town Square Drive, Blaine, MN 55449  
See attached map for additional details

Website: [www.blaineevents.com/farmersmarket](http://www.blaineevents.com/farmersmarket)

Contact: Ann Ringgold  
763-785-6162  
Aringgold@blainemn.gov

**Application Deadline:      October 10**  
Applications may be accepted throughout the season if space permits.

**Mail Application To:**  
City of Blaine Farmers Market  
Attn: Market Manager  
10801 Town Square Drive  
Blaine, MN 55449

**Fax Application To:**  
763-785-6191

**Email Application To:**  
aringgold@blainemn.gov



**Payment**

Amount due: \_\_\_\_\_

Payment Type:

Visa       Mastercard       Discover       Check # \_\_\_\_\_       Cash

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_

Exp: \_\_\_\_\_      Zip Code of Card Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_