



Office Use Only
Date rcvd _____
Check/MO <input type="checkbox"/> Credit Card <input type="checkbox"/> Amount paid _____
Electric needed <input type="checkbox"/>

2015-2016 *Indoor Farmers Market* Application

THURSDAYS (Hours: 3 p.m. to 6 p.m.)

2015: November 5 & 19/ December 3 & 17 2016: January 14/ February 11/March 10/April 14

Maple Grove Community Center (**INSIDE**)

Mailing Address for Market Correspondence: PO Box 1180, Maple Grove, MN 55311

Physical address of Market: 12951 Weaver Lake Road, Maple Grove, MN 55369

Phone: 763-494-5955 Fax: 763-494-6421 Email: farmersmarket@maplegrovern.gov

Website: www.maplegrovefarmersmarket.com

Payment of the vendor fee must accompany this completed application. Fee info on Page 2 and 3.

PLEASE PRINT

Date: _____

Business/Farm name: _____

Name of primary seller: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____ Website: _____

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, Administration department, and other City 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.

Do you give permission to release your name, phone number, email and website to customers interested in contacting you for information and/or special orders? Yes _____ No _____

List additional sellers and indicate relationship to primary seller (spouse, child, parent, friend, employee, etc.)

Name of additional seller	Relationship to primary	Name of additional seller	Relationship to primary

Each vendor will be provided with one 6'x3' table and two chairs.

Do you need electricity? no yes (You must provide your own extension cord.)

Please list all items you intend to sell at the market. Add additional page if necessary. Items *not* listed may *not* be sold without Market staff approval. If application is accepted, any additions to items sold must be submitted in writing and cannot be sold until approved by Market staff.

Please check **ALL** weeks you plan on attending the market.

- | | |
|---|---|
| <input type="checkbox"/> November 5, 2015 (\$20) | <input type="checkbox"/> January 14, 2016 (\$20) |
| <input type="checkbox"/> November 19, 2015 (\$20) | <input type="checkbox"/> February 11, 2016 (\$20) |
| <input type="checkbox"/> December 3, 2015 (\$20) | <input type="checkbox"/> March 10, 2016 (\$20) |
| <input type="checkbox"/> December 17, 2015 (\$20) | <input type="checkbox"/> April 14, 2016 (\$20) |

A \$20 discount (one market fee) will be provided for vendors who pay in advance, in full, for all 8 market dates. *Please note that payment for each market day must be received NO LATER than the Monday prior to the market.* Payment will not be accepted the day of the market and unpaid vendors will not be allowed to participate.

Do you grow or produce all your items? yes no

If no, please explain _____

Address where crops are grown or items produced: _____

(We reserve the right to inspect location at any time before or during the market season.)

Are you selling any canned/processed foods? yes no

If you are selling meat, please indicate name/address of processor

Minnesota sales tax ID number (if applicable) _____

List any food related licenses you currently hold? (**Include copies with this application.**)

Additional licensing from the Hennepin County Community Health Department may be required to participate in the market. Please contact this department at 612-543-5200 to ensure that you are fully licensed.

Completed applications and vendor fee due by Friday, September 25, 2015. Preference will be given to past participants with good attendance records and vendors that will enhance the variety of the market. Once a vendor is accepted, the fee is non-refundable.

Applications received after September 25th will be given consideration if space allows. Any applications not accepted will be returned with full refund of vendor fee. Call 763-494-5955 or email farmersmarket@maplegrovern.gov with questions.

Please check:

- I have read and agree to abide by all City of Maple Grove 2015-2016 Indoor Farmers Market policies and guidelines.
- I understand that, once I receive written confirmation of my acceptance, fees paid are non-refundable, even if a conflict prevents me from attending one of the market dates I've chosen.
- I agree to accept Maple Grove Farmers Market tokens (debit, credit, promotional and if applicable, EBT tokens) from customers for payment of goods purchased and understand that I will be reimbursed for any market tokens submitted to Market staff. EBT token acceptance requires a separate agreement between Market and Vendor.
- I agree that the City of Maple Grove and the Maple Grove Park Board, and their respective officers, employees, agents and consultants are not liable for any injury, theft, or damage to either the buyer or seller, or their property, arising out of or pertaining to preparation for or participation in the Maple Grove Indoor Farmers Market; whether such injury, theft or damage occurred prior, during, or after the Maple Grove Indoor Farmers Market, Business/Farm further agrees to indemnify, defend and hold harmless the City of Maple Grove and the Maple Grove Park Board and their respective officers, employees, agents and consultants for and against any claims for such injury, theft or damage.
- I understand that it is recommended that I carry my own general liability and product liability insurance, as the City of Maple Grove does not provide this coverage.
- I understand that alcohol and drugs (unless used with prescription) are prohibited at the Market. Vendors must be drug-free and sober upon arriving at the Market. Violation of this policy is grounds for suspension from the Market or immediate revocation of vendor access, in the sole discretion of Market staff.
- The City of Maple Grove takes pictures and videos of people participating in/attending the Maple Grove Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and myself for this purpose.

Mail the following to:

City of Maple Grove Farmers Market, P.O. Box 1180, Maple Grove, MN 55311

- This **completed application** (above boxes must be checked and signature/date below required)
- **Fee (\$20 each market day)** Make checks payable to the City of Maple Grove or see attached credit card option. Payment will be returned to any applicant that is not accepted.

One market date: \$20	Five market dates: \$100
Two market dates: \$40	Six market dates: \$120
Three market dates: \$60	Seven market dates: \$140
Four market dates: \$80	Eight market dates: \$140 (\$20 discount if prepaid)
- **MN Department of Revenue Form ST-19 (does not apply to 2015 outdoor market vendors)**
- **Photo of your booth/product/display (new applicants only)**

Signature of primary seller: _____ Date: _____



Use this sheet for credit card information only.
It will be destroyed after the payment
has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

TO PAY BY <i>Credit Card</i> VISA MASTERCARD DISCOVER AMERICAN EXPRESS	Name as it appears on credit card _____ <div style="text-align: right;">Please print</div>
	Billing address for credit card: _____ <div style="text-align: right;">Street address</div>
	<div style="display: flex; justify-content: space-between;"> _____ City _____ State _____ ZIP </div>
	Type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
	Expiration Date ____/____/____
	Card Number _____
	CSV # _____ (3 digit number on back of card / on front for American Express)
	\$ Amount _____
	Cardholder signature: _____
	Date: _____