



MAPLE GROVE FARMERS MARKET

2017 Maple Grove Farmers Market Vendor Application

Office Use Only
Date rcvd _____
Electricity needed _____

Every Thursday, June 8 to October 19, 2017 3 to 7 p.m. (3 to 6 p.m. in October)
 Market location: Maple Grove Community Center parking lot, 12951 Weaver Lake Rd, Maple Grove, MN 55369
ADDRESS FOR CORRESPONDENCE: PO Box 1180, Maple Grove, MN 55311
 Phone: 763-494-5955 Fax: 763-494-6421 Email: farmersmarket@maplegrovern.gov

Fee is determined by space size requested and other factors. Fees should not be submitted with application, but will be due upon selection to participate in the market.

Only one applicant per household will be allowed. Any household applying under multiple names will not be considered.

PLEASE PRINT

Date of application: _____

Business/Farm name: _____

Name of primary seller: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____ Website: _____

Address where crops are grown or items are produced: _____
(This information MUST be provided and we reserve the right to inspect location at any time before or during the market season.)

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

STALL FEES AND RELATED FEES

Market stall rental options. Please review carefully and choose appropriate option(s) by checking box on left. If you wish to work out of your vehicle, it MUST fit within the space you purchase.

Check to select	STALL SIZE and DURATION	10' x10' canopies	Fee
	1 stall FULL SEASON 20 weeks (2 parking spaces, 18' wide)	1	\$275
	1.5 stalls FULL SEASON 20 weeks (3 parking spaces, 27' wide)	2	\$450
	2 stalls FULL SEASON 20 weeks (4 parking spaces, 39' side)	3	\$625
	1 stall HALF SEASON –up to 12 weeks (2 parking spaces, 18' wide) <i>Choose dates below</i>	1	\$200
	3-day trial run—any three market dates (2 parking spaces, 18' wide)	1	\$75
	Electricity Amps used: _____ (Vendors requiring electricity are required to use ours. generators allowed.)	n/a	\$30
	Banner opt-out: Vendors who do not plan to display a professional-quality banner showing their farm name, city, and state must pay an additional \$100.	n/a	\$100
	TOTAL FEE		\$

NEW! Do not send payment at the time of application. Vendors who are selected to participate will receive an invoice. Payment will be due no later than April 15, 2017.

MARKET ATTENDANCE

Please check **ALL** days you plan to attend the market. We understand plans may change, but you must contact us (763-494-5955) if your attendance will be different than the days listed here.

- | | | |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 08 | <input type="checkbox"/> July 27 | <input type="checkbox"/> September 14 |
| <input type="checkbox"/> June 15 | <input type="checkbox"/> August 3 | <input type="checkbox"/> September 21 |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> August 10 | <input type="checkbox"/> September 28 |
| <input type="checkbox"/> June 29 | <input type="checkbox"/> August 17 | <input type="checkbox"/> October 5 |
| <input type="checkbox"/> July 6 | <input type="checkbox"/> August 24 | <input type="checkbox"/> October 12 |
| <input type="checkbox"/> July 13 | <input type="checkbox"/> August 31 | <input type="checkbox"/> October 19 |
| <input type="checkbox"/> July 20 | <input type="checkbox"/> September 7 | |

ITEMS TO BE SOLD

Please list all items you intend to sell on the Product Inventory Page attached to this application. **We require a detailed list of the items you plan to offer at our market.** For example, if you plan to sell "canned goods," you must list the specific names of each canned item. This helps us to avoid product overlap and competition. Please note that approval of your application could be delayed if you fail to provide a detailed list of items. **Items not listed on the Product Inventory may not be sold.**

CANNED/PROCESSED/BAKED FOOD ITEMS (Choose one)

I intend to sell canned, processed, or baked items which I make in a licensed and inspected commercial kitchen.

Name and address of the commercial kitchen: _____

You must provide a copy of your MN Dept. of Ag Retail Mobile Food Handler and/or other applicable license with this application.

I intend to sell canned, processed or baked food items prepared *in my home.*

You must provide a copy of your Cottage Foods Producer Registration from the MN Dept. of Ag. with this application. Find information about this new process here: <http://www.mda.state.mn.us/cottagefood>

MEAT PRODUCTS

I intend to sell meat products.

Please provide name and address of meat processor:

If yes, you must provide a copy of your MN Dept. of Ag Retail Mobile Food Handler or other applicable license with this application.

INSURANCE

Each vendor must carry General Liability/Product Insurance in the minimum amounts of:

- \$1,000,000 (1 million dollars) each occurrence AND
- \$1,000,000 (1 million dollars) aggregate of general liability insurance
- The City of Maple Grove **MUST BE LISTED** as an additional insured on your policy for the dates of the Maple Grove Farmers Market and shown on the Certificate of Insurance as such.

Proof of vendor insurance may be submitted with application or no later than May 10, 2017.

I am a registered Farmers Market Nutrition Program vendor.

I am a member of Minnesota Grown.

My products are certified organic. A copy of your National Organic Standard certificate as provided by a USDA accredited agent must accompany this application.

Minnesota sales tax ID number (if applicable) _____

What food related licenses do you currently hold? **(INCLUDE COPIES WITH THIS APPLICATION.)**
Skipping this step may delay approval of your application.

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

Please check:

- I understand that I must be actively involved and invested in the planting, growing, harvesting, and/or processing of products I wish to sell at the market. Resale of agricultural and other products is prohibited unless I receive express permission in writing from market management.
- I have read and agree to abide by all City of Maple Grove Farmers Market guidelines and rules.
- I understand that, once I receive written confirmation of my acceptance, the season fee is non-refundable.
- I agree to accept Maple Grove Farmers Market tokens (debit/credit, promotional and if applicable, EBT tokens and PoP Club tokens) from customers for payment of goods purchased and understand that I will be reimbursed for market tokens submitted to Market staff. The EBT program requires a separate agreement between Market and Vendor, and only vendors who have this agreement will be reimbursed for EBT tokens. PoP Club tokens will only be reimbursed for vendors who sell fresh produce.
- I agree that the City of Maple Grove and the Maple Grove Parks and Recreation Board are 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 Maple Grove Farmers Market; whether such injury, illness, theft, loss or damage occurred prior, during, or after the Maple Grove Farmers Market. By participating in the Market, seller further agrees to indemnify and hold the City of Maple Grove and the Maple Grove Parks and Recreation Board harmless for and against any claims for such injury, illness, theft, loss or damage.
- I understand that it is required that I carry my own general liability and product liability insurance. The City of Maple Grove must be listed as an additional insured on my policy.
- 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 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 me for this purpose.

Completed applications from returning vendors received by March 3, 2017 will be considered first and notified of their status by March 17. New vendor applications are considered for acceptance throughout the season.

Submit your Application by mail or email to: Maple Grove Farmers Market, P.O. Box 1180, Maple Grove, MN 55311 or farmersmarket@maplegrovern.gov. All materials may be submitted by either US Mail or email. Incomplete information or failure to include all forms could delay your acceptance. Late applications could result in placement on the waiting list.

Signature of primary seller: _____ **Date:** _____

PRODUCT INVENTORY FORM Vendor Name _____

REVIEW THIS LIST BEFORE COMPLETING THE FORM.

PLACE A CHECK TO THE LEFT OF ALL ITEMS WHICH YOU HOPE TO SELL AT MAPLE GROVE FARMERS MARKET IN 2016.

Our Market places a strong emphasis on vendor grown/-raised/-made items. A very limited number of non-farmstead/non-vendor-made consumable items may be approved for sale at the discretion of market staff.

Please note that market guidelines do not allow for the sale of arts or crafted items.

FRUITS, VEGETABLES, HERBS AND ORNAMENTALS: For items with an (*), please provide a detailed listing below or attach a separate sheet

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> apples* | <input type="checkbox"/> cucumbers | <input type="checkbox"/> mushrooms | <input type="checkbox"/> radishes |
| <input type="checkbox"/> Asian vegetables* | <input type="checkbox"/> eggplants | <input type="checkbox"/> okra | <input type="checkbox"/> rhubarb |
| <input type="checkbox"/> beans, fresh | <input type="checkbox"/> fennel | <input type="checkbox"/> onions | <input type="checkbox"/> rutabagas |
| <input type="checkbox"/> beans, dried | <input type="checkbox"/> garlic | <input type="checkbox"/> parsnips | <input type="checkbox"/> spinach |
| <input type="checkbox"/> beets | <input type="checkbox"/> grapes | <input type="checkbox"/> pears | <input type="checkbox"/> squash (summer)* |
| <input type="checkbox"/> berries* | <input type="checkbox"/> greens | <input type="checkbox"/> peas (shell) | <input type="checkbox"/> squash (winter)* |
| <input type="checkbox"/> broccoli | <input type="checkbox"/> gourds | <input type="checkbox"/> peas (pod) | <input type="checkbox"/> sweet corn |
| <input type="checkbox"/> Brussels sprouts | <input type="checkbox"/> herbs (fresh)* | <input type="checkbox"/> peppers* | <input type="checkbox"/> Swiss chard |
| <input type="checkbox"/> cabbage | <input type="checkbox"/> kale | <input type="checkbox"/> plums | <input type="checkbox"/> tomatillos |
| <input type="checkbox"/> carrots | <input type="checkbox"/> leeks | <input type="checkbox"/> popcorn/ornamental corn | <input type="checkbox"/> tomatoes* |
| <input type="checkbox"/> cauliflower | <input type="checkbox"/> lettuce | <input type="checkbox"/> potatoes | <input type="checkbox"/> turnips |
| <input type="checkbox"/> celery | <input type="checkbox"/> melons* | <input type="checkbox"/> pumpkins* | <input type="checkbox"/> other* (list below) |

Please provide a detailed listing of items marked with (*) as well as any items not listed above.

MEAT/POULTRY

- | | | | | |
|--------------------------------|----------------------------------|--------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> beef | <input type="checkbox"/> chicken | <input type="checkbox"/> goose | <input type="checkbox"/> lamb | <input type="checkbox"/> turkey |
| <input type="checkbox"/> bison | <input type="checkbox"/> pork | <input type="checkbox"/> goat | <input type="checkbox"/> duck | <input type="checkbox"/> fish |

Other/Detailed listing of cuts or processed meats:

PLANTS/FORALS:

- | | | |
|--|---|---|
| <input type="checkbox"/> annual bedding plants | <input type="checkbox"/> cut flowers/arrangements | <input type="checkbox"/> hanging baskets |
| <input type="checkbox"/> perennials | <input type="checkbox"/> potted plants | <input type="checkbox"/> trees/shrubs/vines |

Other/Detailed listing:

PRODUCT INVENTORY FORM PAGE TWO Vendor name: _____

BAKED GOODS: For items with an (*) please provide a detailed listing in "other" section.

- | | | | |
|---------------------|-----------------|------------------------|-----------------|
| ___ breads (yeast)* | ___ coffee cake | ___ fruit pies* | ___ scones |
| ___ breads (quick)* | ___ cupcakes* | ___ muffins* | ___ sweet rolls |
| ___ cookies* | ___ candy* | ___ Other (list below) | |

Other/Detailed listing:

FARMSTEAD PRODUCTS: For items with (*) please provide detailed listing in "other" section.

- | | | | | | | |
|----------|-----------|-----------------|-----------------------------------|-------------|-----------|----------|
| ___ eggs | ___ honey | ___ maple syrup | ___ soap/lotion (product of farm) | ___ cheese* | ___ fiber | ___ nuts |
|----------|-----------|-----------------|-----------------------------------|-------------|-----------|----------|

Other/Detailed listing:

PROCESSED FOODS/VALUE-ADDED PRODUCTS: For items with (*) please provide detailed listing in "other" section.

- | | | | |
|---------------------------------------|--------------------|---------------------|---------------|
| ___ cheese* (not product of the farm) | ___ relishes* | ___ sauces* | ___ wild rice |
| ___ dried herbs/spices* | ___ pickled foods* | ___ tea* | ___ mustard* |
| ___ jams, jellies, fruit syrups* | ___ oil* | ___ canned veggies* | ___ other |
| ___ juice or cider* | ___ salsa* | ___ vinegars* | |

Other/Detailed listing:

NON-FARMSTEAD CONSUMABLE ITEMS

- ___ Soaps and Lotions (list below) ___ Other (list below)

READY-TO-EAT ITEMS: Please attach a detailed menu or list items below:

BRANDED ITEMS: Vendors may sell one or two items displaying their farm or business brand (for example, cookbooks, t-shirts, or caps) List specific items here: _____

Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or type	Name of business selling or exhibiting at event		Minnesota tax ID number	
	Seller's complete address		City	State Zip code
	Name of person or group organizing event			
	Name and location of event			
	Date(s) of event			

Merchandise sold	Describe the type of merchandise you plan to sell.

Sales tax exemption information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf.
	<input type="checkbox"/> This is a nonprofit organization that meets the exemption requirements described below:
	_____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]). _____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]). _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

Sign here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of seller	Print name here
	Date	Daytime phone ()

PENALTY — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

Information for sellers and event operators

Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax.

All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

Certain individual sellers are not required to register to collect sales tax if they qualify for the isolated and occasional sales exemption. To qualify, all the following conditions must be met:

- The seller participates in only one event per calendar year that lasts no more than three days;
- The seller makes sales of \$500 or less during the calendar year; and
- The seller provides a written statement to that effect, and includes the seller's name, address and telephone number.

This isolated and occasional sales provision applies to individuals only. It does not apply to businesses.

Sales tax registration

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at www.revenue.state.mn.us.

Information and assistance

If you have questions or want fact sheets on specific sales tax topics, call 651-296-6181.

Most sales tax forms and fact sheets are also available on our website at www.revenue.state.mn.us.

For information related to sellers and event operators, see Fact Sheet #148, *Selling Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.

Vendor Profile Builder

Maple Grove Farmers Market, January 2016

You do not need to complete this if you participated in the 2016-2017 indoor season. However, updates are welcome at any time if you wish to fill it out again.

Business Name	
Vendor Name (s)	
Additional Seller names to be listed in profile	
Address	
Web Site	
Other social media or promotional sites (please list)	
Vendor at MGFM since	
Products sold at MGFM INDOOR markets (please use space to provide more detailed descriptions if you wish)	
How did you begin your farm or business?	
Why do you do what you do?	
What is special about your product or production methods?	
What do you enjoy about the farmers market setting?	
What else would you like folks to know about you?	



MAPLE GROVE FARMERS MARKET

Vendor Application checklist

2017 Outdoor Farmers Market season

Please use this checklist to ensure that your application is complete and timely. We look forward to receiving your application materials!

- Vendor Application: Note that the application may be returned to you if incomplete.
- Product Inventory Form
- Paper or scanned copies of any food related licenses
- Certificate of insurance (\$1,000,000 aggregate coverage and \$1,000,000 per occurrence) showing the City of Maple Grove as an additional insured. This may be submitted with your application or NO LATER THAN May 10, 2017
- Completed MN Department of Revenue Form ST-19
- Vendor Profile Builder Form (yellow—NOT required if you participated in the 2016-2017 indoor market season.)
- Photo of primary seller/product/display/booth (New applicants only)

Questions: Contact Market Manager Kirsten Bansen Weigle at 763-494-5824 or email farmersmarket@maplegrovern.gov.