

**SUNDAY FARMERS' MARKET AT COLLEGE VIEW  
2018 VENDOR APPLICATION**

Thank you for your interest in the 2018 season at Sunday Farmers' Market at College View! We're looking forward to an exciting year. This application provides us with detailed information about you and your growing and/or production practices. Please closely review our Rules and Regulations in order to clearly understand what we value as a market, and to better understand our market policies and procedures. If you have readily available documents that provide the information that we need, feel free to abbreviate your explanation and conclude with "see attached for more detail" along with the location of the requested information. **If you are a vendor from a previous year, you may copy sections from last year's application and submit the applicable sections, but please be sure to address any new questions that may be on the updated application.** We appreciate your efforts to complete this application, helping to build a successful partnership and market season!

Please send a copy of all applicable permits. We are required to have these at the Market Information Booth on market days.

**Applications must be postmarked or emailed on or by March 11, 2018. Copies of applicable permits and payments must also be postmarked on or by March 11.** You will receive announcement of our vendor selection by March 29, 2018.

**APPLICATION CHECKLIST- You are required to check all that apply**

- Application, pages 1-9
- Payment of Fees, as indicated on page 7
- Property & Product Liability Insurance Certificate (this is required for ALL vendors)
- Signed Market Agreement (page 9)
- Growing Practices Certifications (if applicable – i.e. Organic, Biodynamic)
- Copy of Food Handler Permit (if applicable)
- Lincoln Food Establishment Permit (if applicable)
- Nebraska Department of Ag establishment permit (if applicable)
- Please check here if you attended the LLCHD Vendor Training on February 24, 2018
- Other Contractual Agreements (if applicable)

*Make a copy of the completed application for your file – mail or email original to:*

Sarah Smith  
Sunday Farmers' Market at College View, Market Manager  
PO Box 85653  
Lincoln, NE 68501  
[sundayfarmersmarket.manager@gmail.com](mailto:sundayfarmersmarket.manager@gmail.com)

## I. CONTACT & BUSINESS INFORMATION

Business Name \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Business or Farm Address if different than above: \_\_\_\_\_

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

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Can you receive Text Messages? **Yes** **No**

Other Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

Facebook Page Name \_\_\_\_\_

Other Social Media \_\_\_\_\_

Date Business was established (mm/yy): \_\_\_\_\_

Sales Tax Number (if applicable) \_\_\_\_\_

Liability Insurance Policy \_\_\_\_\_

Please list all Farmers' Markets where you are a vendor:

\_\_\_\_\_  
\_\_\_\_\_

Please list other types of markets where you sell your products (retail/wholesale/out of state) AND the average percentage of your sales for each type of market:

\_\_\_\_\_  
\_\_\_\_\_

Are you a previous vendor at Old Cheney Road Farmers' Market? \_\_\_ Yes \_\_\_ No

If YES, what year(s) \_\_\_\_\_

SUSTAINABILITY / BUSINESS STATEMENT. Describe how your production practices and your business or farm show care for the environment and your community. This statement may be included on the SFM website and may be used to promote your business.

**II. PRODUCTION PRACTICES & PRODUCT INFORMATION**

1. Do you hold any 3<sup>rd</sup> party certification for your production practices (certified organic, certified humane, etc.)?       YES       NO

If YES, list the type of certification, the certifying agency and date of last inspection:

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2. Do you produce all products or ingredients that you plan to sell at the SFM?  
 YES       NO

If NO, please explain what and why: \_\_\_\_\_

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3. Do you consider your business a small farm/operation?       YES       NO

Please explain: \_\_\_\_\_

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4. List ALL products to be sold - attach additional page(s) if necessary.

Item	# Varieties	Quantity/ Approx. Yield	Check the anticipated months of availability						
			April	May	June	July	Aug	Sept	Oct

Complete the following questions where applicable to your business, practices, and products.

**A. Farmer Practices & Farm Products**

1. Do you use Integrated Pest Management (IPM) practices?  YES  NO

Describe your pest management methods, including detection and treatment strategies:

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2. Disease Control: What diseases are your major problems and how do you treat them?

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3. Weed Control: What weeds are your major problems and how do you treat them?

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4. Fertility: Please circle all the methods that you use to increase soil fertility on your farm.

synthetic fertilizers      compost      animal manure      organic sprays/powders  
soil testing cover crops      crop rotations      mulching

Other methods used: \_\_\_\_\_

5. Nutrition: What feed additives or injectables do you use to supplement the animals' normal diet?

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6. Health: Describe your health maintenance practices and how you treat sickness or disease. List any hormones, antibiotics or growth promoters used: \_\_\_\_\_

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7. Surroundings:  Feed Lot     Pasture     Combination     Confinement

Describe the confinement or range your animals have to feed and move around in:

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8. Food Safety: What measures do you take to ensure your products are safe from bacterial contamination? \_\_\_\_\_

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9. Were you certified in 2016, 2017, or 2018 to accept Senior and WIC Farmers Market Nutrition Program coupons? (Certification for both programs automatically enables you to also accept Nebraska Double Up Food Buck Program coupons.)      **YES**      **NO**

10. Circle all Production Practices that apply to your farm:

- |                         |                           |                |              |
|-------------------------|---------------------------|----------------|--------------|
| Certified Organic       | Certified Naturally Grown | Biodynamic     | Sustainable  |
| GAP Certified           | Non-GMO                   | Heirloom       | Conventional |
| No Spray/Pesticide-Free | No Hormones               | No Antibiotics | Heritage     |
| Grass-Fed               | Free-Range                | Other:         |              |

**B. Processed, Baked, and/or Concessionaire Products**

1. List the major ingredients you **produce** that go into your products:

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2. List the ingredients that you source locally and what percentage of your products these ingredients constitute. Specify if the ingredients are sourced from Sunday Farmers' Market (previously Old Cheney Road Farmers' Market) farmers/producers.

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3. Do you make every product that you sell at market from scratch?  YES  NO

If NO, please list which products are not from scratch:

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4. List any unique qualities of your products, such as certified organic ingredients, Fair Trade ingredients, sugar-free, gluten-free, etc.

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### III. ATTENDANCE AND FEES

**Weekly Vendors:** circle the dates you plan to participate

**Season Vendors:** cross off any dates that you will not participate

April	29						August	5	12	19	26
May	6	13	20	27			September	2	9	16	23 30
June	3	10	17	24			October	7	14	21	28
July	1	8	15	22	29						

**Stall Options:**

Please circle which stall fee category you fall under in this chart (see Rules and Regulations, page 6 for definitions):

		Full Season Vendor			Weekly Vendor
		10' wide x 23' deep	10' wide x 25' deep	27' wide x 18' deep	<i>Stall assignments will be made based on market day availability</i>
Category I	Farmer, Farmer-Processor, Baker	\$455	\$481	\$1,057	\$27/week
Category II	Non-Farmer Processor, Concessionaire and Wild Crafter	\$750	\$792	\$1,739	\$37/week
Category III	Temporary Vendor and Non-Wild Crafter	NA	NA	NA	\$58/week

1. Please indicate your first, second and third (if applicable) stall preference. See attached map for a visual of stall layout.

\_\_\_\_\_ 10'X23'    \_\_\_\_\_ 10'X25'    \_\_\_\_\_ 27'X18'

2. Are you requesting a double (10' x 23' or 10' x 25') stall?    \_\_\_ YES    \_\_\_ NO

3. Do you have a preference for who you will vend next to ('your neighbors'). NOTE: *We will strive to honor this request, however, Sunday Farmers' Market at College View cannot guarantee placement based on this request.* If yes, please list:

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4. What is the length of the vehicle you intend to park in your stall? \_\_\_\_\_

**\*\*IMPORTANT NOTE:** Stall dimensions listed above are EXACT measurements; there is no 'spill-over' space available for vehicles that are too long.

STALL FEE (fill in the amount from the chart):

Weekly Vendors \$ \_\_\_\_\_ X \_\_\_\_\_ weeks X # \_\_\_\_\_ stall/s

Season Vendors \$ \_\_\_\_\_ X # \_\_\_\_\_ stall/s = \$ \_\_\_\_\_

Sunday Farmers' Market Annual MEMBERSHIP FEE + \$20

\*Lincoln Lancaster County Health Department (LLCHD) + \$ \_\_\_\_\_

PLACARD FEE for home-bakers/processors \$30 (if applicable)

**GRAND TOTAL** = \$ \_\_\_\_\_

*\* List the names to be included on your LLCHD Placard (all listed must have attended the vendor training on 2/24/18 or have a food handlers permit before a placard will be issued):*

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**IV. PAYMENT**

**Payment Method (mark one)**

\_\_\_\_\_ *Season or Weekly Vendor:* I am enclosing the **Grand Total** of \$ \_\_\_\_\_ with my application (required for Weekly Vendors attending less than **10** weeks).

\_\_\_\_\_ *Weekly Vendor:* I am enclosing my Membership and Permit Fees, plus one-third of my Stall Fee. I agree to pay one-third by **June 10** and the final third by **July 22**, or at least 2 weeks before the last date I will attend (if before July 19). One-third of my Stall Fee (amount enclosed) = \$ \_\_\_\_\_.

\_\_\_\_\_ *Season Vendor:* I am enclosing my Membership and Permit Fees, plus one-third of my Stall Fee. I agree to pay one-third by **June 10** and the final third by **July 22**. One-third of my Stall Fee (amount enclosed) = \$ \_\_\_\_\_.

**Make checks payable to:** Old Cheney Road Farmers' Market  
**Payments must be postmarked on or by March 11, 2017 and mailed to:**

Sunday Farmers' Market at College View  
c/o Sarah Smith  
PO Box 85653  
Lincoln, NE 68501



## V. PERMITS, LICENSING, & INSURANCE

### All Vendors:

\_\_\_ Enclosed is a copy of my product and general liability insurance, in the amount of 1 million dollars (\$1,000,000) or more.

### Baked and Processed Food Vendors (Farmers/Bakers/Concessionaires/Non-Farmer Processors):

\_\_\_ Enclosed is a copy of my foodhandler permit from LLCHD and/or Lincoln food establishment permit and NDE establishment permit. - **OR** -

\_\_\_ I am requesting a LLCHD Placard for home-bakers and the \$30 fee is included in my first installment.

### Meat, poultry and fish Vendors:

\_\_\_ Enclosed are copies of all my permits.

### Perennial Plants Vendors:

\_\_\_ Enclosed is a copy of my Nebraska Nursery License.

### Temporary Vendors/Wild Crafters/Non Wild Crafters:

\_\_\_ Enclosed are all required permits needed to sell my products as well as photos.

## VI. MARKET AGREEMENT

I, the vendor, agree to indemnify and hold harmless the Old Cheney Road Farmers' Market, Inc., DBA Sunday Farmers' Market at College View (SFM), and College View Seventh-Day Adventist Church (CVC), its employees and volunteers from any and all causes of action which may arise from the operation of the SFM, not caused by negligence of the SFM or CVC and their employees and volunteers. I acknowledge full responsibility for my activities at the SFM (and for those assisting me) throughout the term of this season's market, April 29-Oct 28. I acknowledge the authority of the Market Manager and/or the SFM Board of Directors to settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or removal from the SFM, subject to appeal under the procedures set forth in the 2018 Rules and Regulations. I agree to allow the Market Manager, Board of Directors, and/or representatives of SFM to inspect the premises where the products offered for sale are produced.

Furthermore, I grant permission for the SFM to use any photos, video, etc. taken of my products or me in any and all publicity and advertising promoting the Market now or in the future.

By signing this Vendor Application, I acknowledge that the application has been read and understood and I will abide by the terms presented in the Vendor Rules and Regulations. I certify that the information contained in this application is true and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_