

SUNDAY FARMERS' MARKET AT COLLEGE VIEW 2019 VENDOR APPLICATION

Thank you for your interest in the 2019 season at Sunday Farmers' Market at College View! We're looking forward to our 2nd season in the College View neighborhood, and our 15th season as a Market that supports Lincoln-area family farmers, producers and local food entrepreneurs. 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. We appreciate your efforts to complete this application fully and with complete detail.

Before beginning this online application, please gather copies of required applicable permits and be prepared to upload them with this application. The Market must have these at the Market Information Booth on market days, and therefore must have all permits in place in order to accept you to the Market for the season. **Applications must be submitted online via Farmspread.com (preferable) or postmarked on or by March 13, 2019. Copies of applicable permits and payments must also be postmarked on or by March 13.** You will receive announcement of 2019 season vendor selection by March 29, 2019.

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 23, 2019
- 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

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 Sunday Farmers' Market, previously Old Cheney Road Farmers' Market? ___ Yes ___ No

If YES, what year(s) _____

II. PRODUCTION PRACTICES & PRODUCT INFORMATION

1. Do you hold any 3rd 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:

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: _____

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

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

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?

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

7. Surroundings: Feed Lot Pasture Combination Confinement

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

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

9. Were you certified in 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:

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.

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:

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

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	28					August	4	11	18	25	
May	5	12	19	26		September	1	8	15	22	29
June	2	9	16	23	30	October	6	13	20	27	
July	7	14	21	28							

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	18' wide x 18' deep	27' wide x 18' deep	
Category I	Farmer, Farmer-Processor, Baker	\$521	\$550	\$806	\$1,209	\$31/week
Category II	Non-Farmer Processor, Concessionaire and Wild Crafter	\$858	\$906	\$1,326	\$1,989	\$43/week
Category III	Temporary Vendor and Non-Wild Crafter	NA	NA	NA	NA	\$67/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' _____ 18'X18' _____ 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:

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):*

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 12** and the final third by **July 21**, 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 12** and the final third by **July 21**. 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 13, 2019 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 NDA 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 28-Oct 27. 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 2019 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 _____