



Vendor Application

Vendor Information

Company Name _____

Owner Name(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Cell phone _____ Secondary Phone _____

Email _____

Primary Market Vehicle Make and Model _____

Primary Farm/Processing Location Address _____

City _____ State _____ Zip Code _____

Website Address: _____

Does your business use: Facebook _____ Twitter _____ Instagram _____

Product Information

Please list the produce and/or products you will be selling:

The Mission Farm and Flower Market is a producer's market. In fairness to all, our vendors will be asked to describe the source of anything they sell that they themselves **do not** grow or produce.

Homegrown: Will everything you sell be grown or produced by you? Yes No

Please list the products you hope to sell that you **do not** grow, raise, or produce yourself, and their sources, below.

Stall Details

Stall preference: No. of stalls preferred _____ (2 max.)

If street stall availability becomes limited, are you able to sell from the lawn?
(Unloading product and parking vehicle elsewhere) Yes No

If you know your stall needs will change throughout the market season, or you have another special request, please describe below.

Season Schedule

In an effort to offer our customers a consistently full and vibrant market experience, we prefer that vendors attend the market each week. We offer a 20% discount if you pay for the 21-week season up front. If you cannot attend each week, please contact the market coordinator.

Market Guidelines

Please initial and sign below:

____ I have visited the market location and understand the stall arrangement.

____ I will supply my own 10' x 10' pop-up tent (white preferred) and table(s) and weights (street side stalls) enough to secure my tent.

____ I understand my stall must be completely set up by 7 a.m. and will have everything removed no later than 2 p.m. each market day.

____ I will have my booth fee (\$20/week or \$336 for the entire 21-week season) available for collection by 7 a.m. each day either in cash or by check made out to the City of Mission.

____ I agree to clearly label (no smaller than 3"x5") each of my products with the appropriate description: Type of produce, origin of product (city/state, name/location of farm or warehouse) and price of item.

____ I have read the K-State Research and *Extension Food Safety for Kansas Farmers Market Vendors: Regulations and Best Practices* and can confirm that my products and practices meet the standards outlined in the document.

____ If licensing or inspections are required for my products, I can confirm that I am in compliance and up to date.

____ I have product liability insurance and vehicle liability insurance and have attached proof of each.

____ I have completed or will complete by market time the required documents to report sales tax figures to the Kansas Department of Revenue. Sale tax ID #: _____

____ I understand that the City hopes to visit the farm location(s) listed on my application. This is to learn more about each of our vendors, to take feature photos to use in promotions for the market, and to resolve any sourcing questions about products sold.

Owner Signature

Date

All vendors must submit a complete application and receive approval from the market manager. If you have questions about whether your application has been accepted, please see the contact information below.

Mission Farm and Flower Market Contact:

Emily Randel | City of Mission | 6090 Woodson Rd. Mission, KS 66202 | 913.676.8368