



2018 Vendor Application

A unique 1st of its kind Farmers Market. Proceeds support the PoPs program, aid local veteran programs - including suicide prevention and family support.
 Market is located at the Prior Lake VFW 16306 Main Avenue SW, 55372 - 952.226.6208
 Market Contact: Colleen Callahan 651.238.8916/colleen.callahan01@gmail.com
Mail Applications to: PL VFW Post 6208 P.O. Box 116, Prior Lake, MN 555372

Items that must be included with Application __ Payment __ ST19 __ Insurance Info. __ Req. Licenses

Seller Information (please print clearly)

Farm/Business Name:	
Seller Name:	Business Phone ()
Address:	Home Phone ()
City	Cell Phone ()
State: Zip	Fax # ()
Email	Website:
Product:	

Seasonal Vendor, No change in rates!
 Dates: Thursdays; June 21-October 11 from 4-7pm
Please mark dates to the right.

	10x10 Single Booth	\$210/ season or \$25/wkly
	10x20 Double Booth	\$310 season or \$45/wkly
*	Produce Growers , Non-Profit , and Veterans.	50% off

Elec. Minimal: 1st come 1st serve: \$5/time \$50/season

Priority is given to season-long vendors. Weekly/Periodic vendors will be accepted if space allows and is at the discretion of the Market Coordinators.

Dates request (subject to availability):

June	21	28			
July	5	12	19	26	
August	2	9	16	23	30
Sept.	6	13	20	27	
Oct.	4	11			

* Due to the priority set for the market by the Officers of the House and Auxiliary Committees.

Vendor applications must be submitted with fees and all necessary paperwork.

Payment: __ Cash __ Check # _____

	Season Vendor	\$ _____
	Weekly \$25 x # Weeks _____	\$ _____
	Electricity	\$ _____
	Total Due	\$ _____

Proceeds support POPs & Local Veterans Support Programs
 Space is limited. Once you have been approved as a vendor your payment will be processed and is non-refundable. There is a \$40 return check fee.

I have read and agree to abide by the Market policies outlined in the weekly details form. I agree that the Veterans of Foreign War Post 6208 (VFW) is 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 participating in the Veterans Harvest Market whether such injury, theft or damage occurs prior, during, or after the Market. Seller further agrees to indemnify and hold the VFW Post 6208, its members, volunteers and assigns harmless for and against any claims for such injury, theft, or damage. I understand that I must carry my own general liability and product liability insurance because the VFW does not provide this coverage.

The VFW periodically takes pictures of participants during events. Please be aware that these photos may be used in marketing materials and outlets. If you or your family members do not want to be photographed or published you must give us a written notice.

Signature _____ Date: _____

Process:

- Applications are reviewed and approved or declined.
- If approved, you will be notified by email or phone call.
- Your payment will be processed immediately upon approval.

__ Approved __ Declined Date: _____

For Office Use:

Date Received: _____ Time: _____

Received by: __ Mail __ in person __ Email

Receipt Confirm _____ (intls)

Vendor Confirmation: Date: _____ Intl: _____

Vendor Specifications , ,Permits and Licensing

Product Information:

- Artisan Do you design and make ALL of your own items? No Yes If no, explain _____
- Non-Produce Do you cook and/or prepare your product yourself? No Yes If no, explain _____
- Food Item: _____
- Produce Do you grow your own crop items? No Yes If no, explain _____
- Nursery Plants Do you grow your own nursery plants? No Yes If no, explain _____

If selling produce, address where crops are grown: _____

Market management representatives reserve the right to visit the farm location before or during the market season.

If selling a non-produce food item, do you prepare your items in a licensed kitchen or at home as a home based product?

Licensed Kitchen: Name/ Address _____

Home Kitchen following the "Pickle/Cottage" Bill (s) class, food handling, and home labeling requirements.

Are you selling any processed food items? No Yes

Please list all items you will be selling (use additional paper if necessary): _____

Farm/Business Bio - for Marketing purposes: _____

***** Insurance Requirements *****

Vendors assume full liability for the products they sell and their participation in the Veterans Market and hereby agree to hold the Prior Lake Veterans of Foreign War Post 6208 its members, volunteers, and assigns harmless against any claim resulting from the vendor's participation in the Market. It is required that vendors carry their own insurance, as the VFW Post does not provide this coverage.

___ (intl) I have current General Liability Insurance. Policy No. _____
My insurance coverage is effective from: Start Date: _____ Expiration Date: _____.

___ (intl) My policy will cover my participation at the Prior Lake VFW Veterans Harvest Market during the 2018 season.

___ (intl) I employ outside staff (not myself or family members) to work the vendor booth No Yes

_____ (intl) If yes, I have workers compensation coverage.

***** Permits, Registration, Licensing, and Sales Tax (initial all that apply) *****

According to the MN Department of Ag. vendors should carefully research and know about the type of product they sell and confirm what type of license is required. **It is the vendors responsibility to make sure they have the correct licensing in place to participate and for the duration of the Market.**

___ I have completed and attached the ST-19 Sales Tax form.

___ I have a Minnesota Department of Agriculture License: # _____

___ I have a Minnesota Department of Health License # _____

___ I have a Minnesota Department of Ag. Cottage Goods Producer Registration # _____

___ I have a Minnesota Nurseryman's License (for perennial plant sales): # _____

Food Sampling and Serving

___ I intend to offer food sampling of my product at the Market No Yes

___ In intend to prepare food products fresh at the Market No Yes

_____ (Initial) If Yes, to either, I understand I need to provide a hand washing station at my booth according to the Minnesota Food Code requirements for personal use.

Signature

I have read through the application, market guidelines, and provided the necessary documentation along with my application for vendor consideration.

Please Print: Primary Seller Name: _____

Signature: _____ Date: _____