



**2009  
SEASON**

4310 Nicollet Av S  
Minneapolis, MN 55409

## kingfield farmers market

*nourishing our neighborhoods*

### KINGFIELD FARMERS' MARKET VENDOR APPLICATION

#### GENERAL INFORMATION:

Season Length: Sunday, 31st May through Sunday, 25th October  
Hours of Operation: 8:30am-1pm every Sunday during the season

#### MARKET ADDRESS:

Please make payment to: Kingfield Farmers Market  
Return application to: Kingfield Farmers Market  
4257 Nicollet Av S  
Minneapolis, MN 55409

If you have questions about the application please call: (612) 823-4550 or  
Email: [info@kingfieldfarmersmarket.org](mailto:info@kingfieldfarmersmarket.org)

#### FEE SCHEDULE

Application Fee (must accompany all applications): \$25.00

NUMBER OF MARKETS	FEE	DEPOSIT AMT	DUE BY	TOTAL PAYMENT DUE BY
Full season: 22 Markets	\$385.00	\$80	March 2nd	May 31th
Monthly: 4 Consecutive Markets	\$75.00	-	-	March 2nd
Daily: Reg. Sundays	\$20.00	-	-	Day of market
2nd Sundays	\$25.00	-	-	Day of market

Supplemental space: Stalls remaining unfilled after market open may be purchased for the day at half the "daily" rate by full-season or monthly vendors (if they are already scheduled for that day) on a first-come, first-served basis or by drawing at the manager's discretion.

#### VENDOR WORKING CREDIT

Full season vendors may receive a \$50 refund for contributing 5 hours of qualified work to the market. Please contact market management for details.

#### REFUNDS

The application fee is non-refundable. Vendors will receive a refund for any other fees they have paid if the refund is requested prior to the first market for which they are scheduled. Generally, after attending their first scheduled market, no refunds will be given to vendors; however, market management may determine on an individual basis to offer refunds in cases of extreme hardship such as crop failure. Because the market does not offer refunds, we urge you to consider trying a couple of markets at the "Daily" rate or the "Monthly" rate before committing to a whole season.

**Application Due (for full season vendors): 2nd March 2009**

## **CHECKLIST FOR VENDOR APPLICATION**

For all vendors:

- Completed application
- Application fee
- Stall selection and vendor schedule worksheet. (attached)
- MN Tax Form ST19 (attached)
- Signed Market Agreement/Release and Waiver

## **ADDITIONAL ITEMS FOR GROWERS**

- Copies of declaration pages from liability and workers comp insurance policies
- Farmers' Licensing Exemption Form (attached)
- Growing location map

## **ADDITIONAL ITEMS FOR PREPARED FOOD VENDORS**

- Copies of declaration pages from liability and workers comp insurance policies

If you are selling any packaged, refrigerated, or frozen foods intended for off-site consumption, you may also need:

- Copy of Market Food Distributor License

If you are selling or preparing food intended for immediate consumption, you may also need:

- Copy of Market Food Manufacture License

## SECTION 1: CONTACT INFORMATION

Business/Farm Name: \_\_\_\_\_

Business/Farm Owner: \_\_\_\_\_

Business/Farm Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

(If farm, please attach a map indicating farm location)

Name of best contact person for your business/farm: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone 2: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate preferred contact method:  telephone  mail  email  fax (check all that apply)

Other Markets that you have vended at:

_____	_____
_____	_____
_____	_____

Kingfield Farmers' Market will attempt to provide language assistance if needed. If you are interested in receiving language assistance, please indicate desired language here: \_\_\_\_\_

## SECTION 2: LICENSE CERTIFICATIONS

Are you selling any packaged, refrigerated, or frozen foods for off-site consumption?

If yes, please attach a copy of your Market Food Distributor License.

Yes License#: \_\_\_\_\_

Are you selling or preparing any foods for immediate consumption?

If yes, please attach a copy of your Market Food Manufacturer License.

Yes License#: \_\_\_\_\_

Are you selling prepared food products under the provisions of the "Pickle Bill"?

Yes If yes, please review the "Pickle Bill" fact sheet.

Are you or will you be representing your farm as using organic production methods?

If yes, please attach a copy of your Organic Certification.

Organic Certifier name: \_\_\_\_\_

Yes Organic Certification#: \_\_\_\_\_

Does your farm participate in the Farmers' Market Nutrition Program (FMNP)?

\_\_Yes FMNP #: \_\_\_\_\_

Do you participate in the MN Grown Program?

\_\_Yes MN Grown License#: \_\_\_\_\_

**SECTION 3: INSURANCE AND LIABILITY**

Product Liability Coverage Information (required for food and produce vendors only)

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agent: \_\_\_\_\_

Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Please attach a copy of the declarations page of your policy

Workers' Compensation Insurance Coverage Information

If your business is exempt from providing coverage, please indicate the reason for exemption:  
(i.e. sole proprietorship)

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Agent: \_\_\_\_\_

Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Please attach a copy of the declarations page of your policy

**SECTION 4: PERSONNEL**

List all of the people who will represent your business at the Kingfield Farmers' Market:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: AGREEMENT, RELEASE AND WAIVER**



Release and Waiver: I hereby release, forever discharge and hold harmless the Kingfield Farmers' Market (Market), Tom McKee, Biomedical Application of Minnesota, Inc. d/b/a Fresenius Medical Care, Kidney Specialist of Minnesota, Tim Harwig and Frame Ups and their successors and assigns, from any and all liability, claims and demands of whatever kind or nature, which arise or may hereafter arise from or in connection with my participation in the Kingfield Farmers' Market. I release and waive any claims against the Market arising out of my own conduct, and agree to defend and indemnify the Market against any such claims. I take full responsibility for my rented stall space at the market, my equipment and supplies, and all products that I bring to sell at the market. I understand that all vendors are strongly encouraged to carry their own product liability insurance.

I, \_\_\_\_\_(print name) understand and agree to the above paragraph.

X \_\_\_\_\_  
Signature of vendor date

Agreement: I have read, understand, and agree to abide by the rules of operation for the Kingfield Farmers' Market as contained in the 2009 Kingfield Farmers Market Rules of Operation for Vendors.

I hereby certify that all information given in my application and any attachments is accurate; that I have applied for and obtained state and local permits and licenses necessary to conduct business at the Kingfield Farmers Market as a market vendor; and that, to the best of my knowledge, I am in full compliance with all federal, state, and local laws governing my participation in the Market.

X \_\_\_\_\_  
Signature of vendor date

## 2009 KINGFIELD FARMERS' MARKET STALL AND VENDOR SCHEDULE WORKSHEET

Along with other considerations, the market management will consider vendor preference when assigning stall spaces. Priority will generally be given to returning and full-season vendors. The market cannot guarantee any vendor will be assigned their choice of stall(s).

Will you need to vend from your truck? If so, please explain why.

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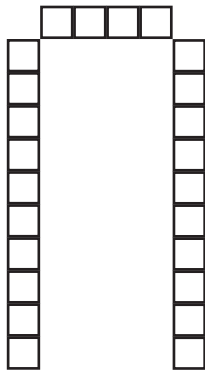
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Will you need electricity? If so, please explain why.

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NICOLLET AV

Select your  
top three stalls  
1st Choice  
2nd Choice  
3rd Choice  
Mark all on map.

### ATTENDANCE SCHEDULE

Circle each market you'll be attending.

SUNDAYS	<b>MAY</b> 31	<b>JUNE</b> 07 14 21 28	<b>JULY</b> 05 12 19 26	<b>AUG.</b> 02 09 16 23 30	<b>SEPT.</b> 06 13 20 27	<b>OCT.</b> 04 11 18 25
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