



Farmers Market Vendor Registration Form 2017

Vendor Information: Please print clearly!

Business Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Cell Phone #: _____ Company Website: _____
 Iowa Sales Tax #: _____

Registration Type: Full Season Daily

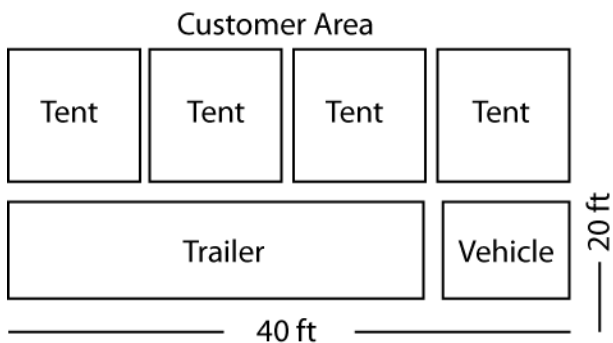
Unit Size Request: _____ (# of Spaces) Electric: No Yes # _____ amps

Type of Unit: Vehicle + Tent Trailer Only Vehicle + Trailer Tent Only

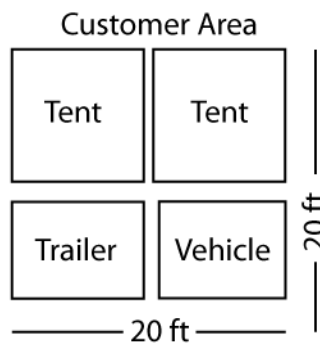
*****Please note...no vehicles will be allowed to pull up onto the sidewalks or grass areas because of handicap accessibility issues.*****

Unit Layout: Please diagram the layout for your booth in the blank space below.

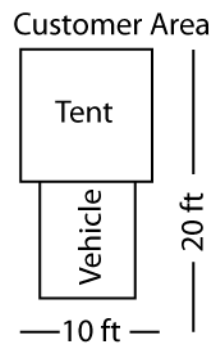
Example 1:



Example 2:



Example 3:





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Business Name: _____

Producer Classification: Certified Organic # _____
 Chemical Free Conventional

Program Participation: WIC/Senior (Must participate for 11 consecutive weeks to qualify)
 EBT

WIC/Senior Certification Information: I am certified thru _____ (Date) Cert #: _____

Sales: Check all that apply in every category!!!!!!

Produce/Vegetable Sales:

- | | | | | |
|---------------------------------------|---|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Beans | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Cabbage |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Celery | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Eggplant |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Leeks | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Onions | <input type="checkbox"/> Peppers | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Pumpkins | <input type="checkbox"/> Radishes |
| <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Spinach | <input type="checkbox"/> Squash | |
| <input type="checkbox"/> Sweet Corn | <input type="checkbox"/> Sweet Potatoes | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Turnips | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Other: _____ | | | | |

Fruit Sales:

- | | | | |
|---------------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Apricots | <input type="checkbox"/> Aronia Berries | <input type="checkbox"/> Blueberries |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Cherries | <input type="checkbox"/> Grapes | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Pears | <input type="checkbox"/> Plums | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Watermelons | | | |
| <input type="checkbox"/> Other: _____ | | | |

Herb Sales:

- | | | | |
|---------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Dill | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Oregano | <input type="checkbox"/> Basil |
| <input type="checkbox"/> Thyme | <input type="checkbox"/> Rosemary | <input type="checkbox"/> Chives | <input type="checkbox"/> Parsley |
| <input type="checkbox"/> Other: _____ | | | |

Licensed Meat Sales: (Must be from a certified State or Federal Facility & Health Dept Permit)

- | | | | |
|---------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Poultry | <input type="checkbox"/> Lamb | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Other: _____ | | | |

Licensed Dairy Sales: (Must be from a certified State or Federal Facility)

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Cheese | <input type="checkbox"/> Butter | <input type="checkbox"/> Cream |
| <input type="checkbox"/> Other: _____ | | | |

Egg Sales: (Health Dept Regulated)

- | | | |
|---------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Duck | <input type="checkbox"/> Goose |
| <input type="checkbox"/> Other: _____ | | |



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Licensed Food Sales: (Must be from a certified cannery and/or health inspected)

Processed/canned foods (except jam & jellies)

Name all: _____

Foods prepared for immediate consumption

Name all: _____

Hazardous baked goods

Name all: _____

Licensed Beverage Sales: (Must be from a licensed bottler)

Wine Soda/Pop Water

Other: _____

Non Licensed Baked Goods Sales:

Pies Cookies Bars Coffee Cakes Cobblers Bread

Pastries Rolls Buns

Other: _____

Other Sales:

Jams & Jellies

Plants - fresh flowers

Name all: _____

Crafts/art

Name all: _____

Food related commercial items

Name all: _____

Other:

Name all: _____



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Business Name: _____

Sales Information:

First Day you will be selling: _____ (month/day/2017)

Last day you will be selling: _____ (month/day/2017)

Please Call or Text Market Manager the week prior to attendance if not beginning on opening day.

Wed & Sat Easy Dates:

I will be there every Wed &/or Saturday during dates listed above. Hours are 8AM-1PM

Or

Please check the Specific Dates below that you WILL BE at the Market:

Wednesdays	
May 3, 2017	
May 10, 2017	
May 17, 2017	
May 24, 2017	
May 31, 2017	
June 7, 2017	
June 14, 2017	
June 21, 2017	
June 28, 2017	
July 5, 2017	
July 12, 2017	
July 19, 2017	
July 26, 2017	
August 2, 2017	
August 9, 2017	
August 16, 2017	
August 23, 2017	
August 30, 2017	
September 6, 2017	
September 13, 2017	
September 20, 2017	
September 27, 2017	
October 4, 2017	
October 11, 2017	
October 18, 2017	
October 25, 2017	

Saturdays	
May 6, 2017	
May 13, 2017	
May 20, 2017	
May 27, 2017	
June 3, 2017	
June 10, 2017	
June 17, 2017	
June 24, 2017	
July 1, 2017	
July 8, 2017	
July 15, 2017	
July 22, 2017	
July 29, 2017	
August 5, 2017	
August 12, 2017	
August 19, 2017	
August 26, 2017	
September 2, 2017	
September 9, 2017	
September 16, 2017	
September 23, 2017	
September 30, 2017	
October 7, 2017	
October 14, 2017	
October 21, 2017	
October 28, 2017	



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I hereby certify that all the information presented in this form is true and correct:

Name of Applicant (Please Print Clearly)

Signature

Name of Business: _____

Date: _____

Please Return This Form To:

**Buy Fresh Buy Local – Siouxland, Inc.
505 Fifth Street, Suite 200
Sioux City, IA 51101**

If you have any questions, please call
Becky Kempers – Market Manager
Phone: 712-251-2616 or
Email: becky.scfm@gmail.com