



Auburn Farmers Market

Vendor Application

- Farmer/Grower Specialty Food Artisan/Crafter
 Retailer Food Truck

Name: _____ Phone: _____

Business Name: _____ BusinessPhone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Preferred method of contact from the public: Phone (Home) Phone (Bus.) Email Other

Do you accept credit/debit card(s) at the Market? Yes No

Are you interested in participating in the Food Assistance Benefits programs available? Yes No

Auburn Farmers Market (Market) operates Tuesdays and Thursdays from 4-7 pm, the first Tuesday in June through the last Thursday in September. Annual, daily, and drop in vendors interested in selling at Market are required to complete and submit an application and necessary copies of license, certification, and/or proof of insurance prior to their first Market day. All retail items are subject to Market Manager approval. The fee for each 12' x 12' space is a daily rate of \$5.00 for Tuesdays and Thursdays. Multiple spaces are available upon request at the daily rate per space. Vendor is to provide own table and chairs. Please tell what day/s you're interested in participating:

Daily:

Food Truck Vendor daily rate for Tuesdays or Thursdays = \$25 with preapproved application

Tuesday only daily = \$5.00 Thursday only daily = \$5.00

Annual:

Tuesdays only annually = \$75 Thursday only annually = \$75 Both days annually = \$150

**Savings of \$10 off Daily Rate *Savings of \$10 off Daily Rate *Savings of \$20 total discount*

***Based on 17 Tuesdays and 17 Thursdays throughout Market Season.**

Please indicate which social media outlets your business utilizes:

Social Media	Yes/No	Page Name
Facebook	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Twitter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
YouTube	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is your business certified organic? Yes No Please provide certification information with application. Indicate below if you or your business possess any other license or certification. If so, please provide a copy of your license and/or certification.

Type	Identification Number
Sales Tax License	
Commercial Kitchen License	
Nursery Market Dealer's License	
Apiary License	
Other	

Vegetables					
	Artichoke		Cucumbers		Peppers
	Asparagus		Eggplant		Potatoes
	Beans – Lima		Endive		Pumpkins
	Beans – Snap		Garlic		Radishes
	Beets		Kale		Rutabaga
	Broccoli		Kohlrabi		Salsify
	Brussels Sprouts		Leeks		Spinach
	Cabbage		Lettuce – Leaf		Squash - Summer
	Carrots		Mustard		Squash – Winter
	Cauliflower		Okra		Sweet Corn
	Celeriac		Onions		Sweet Potatoes
	Celery		Parsley		Swiss Chard
	Chinese Cabbage		Parsnips		Tomatoes
	Collards		Peas		Turnips
	Other:				
	Other:				

Fruits					
	Apples		Currants		Nectarines
	Apricots		Elderberries		Peaches
	Blackberries		Gooseberries		Plums
	Blueberries		Grapes		Raspberries
	Cherries - Sweet		Lingonberries		Strawberries
	Cherries - Tart		Muskmelon		Watermelon
	Other:				
	Other:				

Other Farm Products

Shrubs		Grave Blankets		Pussy Willow
Trees		Branches		Curly Willow
Herbs		Berry Branches		Fresh/Frozen Fish
Wreaths		Holiday Greenery		Fresh/Frozen Meat
Other:				

Specialty Food & Artisan/Craft Items

Baked Goods		Chocolates		Knitted/Crocheted Items
Honey		Dips		Pottery
Jams/Jellies		Gourds		Glass Works
Maple Syrup		Jewelry		Wood Carvings
Other:				

Annuals

Aster		Globe Amaranth		Pincushion
Bells of Ireland		Heliotrope		Salvia
Canna		Impatiens		Snapdragons
Coleus		Lobelia		Sunflower
Cosmos		Marigold		Sweet Alyssum
Dusty Miller		Mist Flower		Ten Week Stock
Firebush		Nierembergia		Wax Begonia
Flowering Tobacco		Periwinkle		Zinnia
Fuchsia		Pansy	Other:	
Geranium		Petunia	Other:	
Other:				
Other:				

Perennials

Anemone		Coral Bells		Milfoil
Artemisia		Cushion Spurge		Monarda
Aster Hybrids		Daylily		Peony
Bergenia		Delphiniums		Phlox
Bishop's Weed		Geranium		Plume Poppy
Bugbane		Hostas		Primula Hybrids
Bugleweed		Iris		Violet
Clematis		Lavender		Windflower
Chrysanthemum		Masterwort	Other:	
Columbine		Meadowsweet	Other:	
Other:				
Other:				

Retail - List all items you plan to sell					

***Completed application must be returned along with payment and proof of insurance and/or certifications/license before the first scheduled Market day.**

I certify that the above information is correct and accurate.

FOOD VENDORS ONLY: I understand that if I am approved as a Vendor at the Farmer's Market, then I will have to sign a separate agreement outlining the terms and conditions of the use.

Vendor Signature: _____ Date: _____

<u>OFFICE USE ONLY</u>	
DATE APP RECEIVED: _____	STAFF MEMBER RECEIVING APP: _____
DATE INSURANCE RECEIVED: _____	FORM OF PMT: _____ CHECK # _____
DATE RECEIVED: _____	PAYMENT AMOUNT: _____
RECEIVED BY: _____	TABLE #: _____