



New Hope Community Farmers Market 2017 Application

Saturdays · 7:00 AM to 12:00 PM · June 17th – September 2nd
9:00AM – 1:00PM September 9th – October 7th, 2017

On Xylon Avenue ; by New Hope City Hall and Hyvee

Phone: 763-453-0064 Website: www.newhopemarket.org

Return applications to: New Hope Community Farmers Market

Market Coordinator

Kris Frey

P.O. Box 270272

Minneapolis, MN 55427

PLEASE PRINT

Date: _____ New Vendor _____ Returning Vendor _____

CONTACT INFORMATION

Business/Farm Name:

Name of Primary Seller:

Name of Additional Sellers:

Street Address:

City: _____ State: _____

ZIP _____

Home Phone: _____ Cell Phone: _____

FAX: _____ Email: _____

Website: _____

_____ Check here if you **DO NOT** want to have your phone/email posted on the Market website and informational publications

PRODUCT INFORMATION (All items not applicable to all vendors)

Address where crops are grown or items produced*: _____

(*The NHC FM reserves the right to inspect location at any time before or during market season)

Do you grow or produce all your items? Yes No If not, please explain:

Are your items certified organic? Yes* No * If yes, then please attach to this application a copy of your National Organic Standard certificate as provided by a USDA accredited agent

Do you practice chemical free farming? Yes No

Are you selling any processed food items? Yes No

Are you a registered Farmers Market Nutrition Program Vendor? Yes No Minnesota sales tax ID number (if applicable):

What food related licenses do you currently hold? (include copies):

Please list **all** items you intend to sell at the market. **Items not listed and approved by Market staff may not be sold at the market.** Attach additional page(s) if necessary. Artists/Crafters must submit photographs of your items. *(If photos are not submitted, your application will automatically be rejected.)*

CALENDAR

Please check ALL weeks you plan on attending the market:

- | | | |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 17 | | <input type="checkbox"/> September 2 |
| <input type="checkbox"/> June 24 | <input type="checkbox"/> July 29 | <input type="checkbox"/> September 9 |
| <input type="checkbox"/> July 1 | <input type="checkbox"/> August 5 | <input type="checkbox"/> September 16 |
| <input type="checkbox"/> July 8 | <input type="checkbox"/> August 12 | <input type="checkbox"/> September 23 |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> August 19 | <input type="checkbox"/> September 30 |
| <input type="checkbox"/> July 22 | <input type="checkbox"/> August 26 | October 7 |

	1 Stall	2 Stalls	Electricity
FEES			
Commitment			
1-12 weeks	\$40.00/day	\$45.00/day	Add 6.00/day
13-17 weeks	\$33.00/day	\$38.00/day	Add 5.00/day

Number of market stalls requested: _____ 1 stall ____ 2 stalls Electricity Y/N _____
(Each stall is approximately 10' wide (front) by 20' deep (sides))
Electricity spaces are limited. THERE WILL BE NO GENERATORS ALLOWED AT THE MARKET. ELECTRICITY WILL BE ASSIGNED ON FIRST COME FIRST SERVE. Please indicate second choice in case a space with electricity is no longer available

Please check:

- I have read and agree to abide by all New Hope Community Farmers Market 2016 Market guidelines.
- I agree that the New Hope Community Farmers Market and The City of New Hope, and their respective officers, employees, agents and consultants are not liable for any injury, theft, or damage to either the buyer or seller, on their property, arising out of or pertaining to preparation for or participation in the New Hope Community Farmers Market; whether such injury, theft or damage occurred prior, during, or after the New Hope Community Farmers Market, Business/Farm further agrees to indemnify, defend and hold harmless the New Hope Community Farmers Market and The City of New Hope and their respective officers, employees, agents and consultants for and against any claims for such injury, theft or damage.
- I understand that it is required that I carry my own general liability and product liability insurance, as the New Hope Community Farmers Market does not provide this coverage.
- The New Hope Community Farmers Market takes pictures and video of people participating in/attending the New Hope Community Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and myself for this purpose.

DUE TO THE LAYOUT AND SPACE AVIALBLE, VENDORS ARE NOT ABLE TO KEEP THEIR VEHICLES IN THEIR STALL, WITH THE EXCEPTION OF 2 SPOTS WHICH ARE AVAILABLE FOR VENDORS SEEKING TO SPONSOR THE MARKET. IF INTERESTED IN THE "SPONSOR" SPACE, PLEASE REACH OUT IMMEDIATELY. THESE SPOTS WILL BE AWARDED ON A FIRST COME FIRST SERVE BASIS AT AN INCREASED COST.

Due to limited space, the number of vendors will be limited. This application is due by March 1st accompanied by the application fee and a minimum of \$100 deposit. Non-refundable, one-half stall fee payment is due by April 1, 2017. The second payment is due no later than May 1, 2016. Failure to pay in full by May 1, 2017 will result in complete loss of market space. There is no guaranteed space for any vendor.

The New Hope Community Farmers Market shall review and approve all vendor applications before a vendor can participate in the Market. Space at the Market and the mix of items a vendor offers and vendor variety are some, but not all of the factors in determining approval.

During selection of a vendor, the Market shall not discriminate on the basis of race, color, creed, religion, ancestry, national origin, sexual orientation, disability, age, marital status, or status with regard to public assistance.

There is a non-refundable fee due with application; **(IF THE APPLICATION FEE DOES NOT ACCOMPANY THE APPLICATION, YOUR APPLICATION WILL NOT BE REVIEWED NOR WILL IT BE RETURNED TO YOU)**

Application fee: \$20
Stall fee*: +\$ _____
 TOTAL: \$ _____

Make checks payable to New Hope Community Farmers Market

Vendor Business Name:

Signature of Primary Seller: _____ Date: _____

Mail to:
New Hope Community Farmers Market, Attn: Kris Frey P.O. Box 270272, Minneapolis
MN 55427