

Farmers Market

Recreation and Parks

INVITATION TO PARTICIPATE

July – October 2019

Invitation to Participate – 2019 Brooklyn Park Farmers Market

The 2019 single-stall fee is \$225; double-stall fee is \$375. Brooklyn Park businesses or residents get a \$100 discount. A stall size is two side-by-side parking spaces; a double stall is 3 parking spaces. Only one applicant per household and/or farm will be allowed. Any farm and/or household applying under multiple names will not be considered. Past vendors will have priority registration. New vendors will be accepted if there are spaces available. Please apply under the same name as you applied with the Department of Agriculture, if applicable.

Regulations and associated permits help ensure special events are operated within health and safety standards, with minimal negative impact to other members of the community. The following information will assist city staff in making a determination if additional licensing is required. **Yog koj tsis tau tau es yuav lub Hmoob hu 763-488-6487.**

Are you a previous vendor at the Brooklyn Park Farmer's Market? Yes No If yes, please list which years:

Do you grow or produce all of your items? Yes No

Address where crops are grown or items are produced:

Please list all of the food items you intend to sell at the market. Items not listed may not be sold at the market without Market Coordinator approval. Please add additional page if necessary. If possible, list specific varieties:

Would you like to participate with the Farmer's Market Nutrition Programs for WIC and SNAP? Yes No

Do you use any chemicals? Yes No

Do you sell processed or canned food items? Yes No

Do you sell eggs, meat or poultry? Yes No

Do you do demonstrations or offer samples? Yes No

Do you currently hold a license to process or prepare food items from another city or state agency? Yes* No

***If yes, include copies with application**

I understand that once I receive written confirmation of my acceptance, the season fee is non-refundable Yes

I agree to accept, if applicable, EBT tokens from customers for payment of goods purchased and understand that I will be reimbursed for tokens submitted to Market staff. EBT token acceptance requires a separate agreement between Market and vendor Yes No

Minnesota sales tax ID number (if applicable): _____

DATA PRIVACY NOTICE: Information requested when registering is classified as either "public" or "private" pursuant to the Minnesota Government Data Practice Act. The information is requested so the registration process can be completed and persons can be notified for updated program information. You are not legally required to provide this information. The consequences of not providing the information may be rejection of the registration or inability to make notification of program or scheduling changes to you. Private data will only be used by the City staff and others officially connected with the program for the purposes of administering the activity. Private data cannot be released to the public without your consent.

Please complete all information and submit with Vendor Application by March 15, 2019. Vendors will be notified of their status by April 15, 2019. Call 763-493-8333 or email FarmersMarket@brooklynpark.org with questions or for more information.

Farmers Market

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VENDOR APPLICATION

July - October 2019

Brooklyn Park Recreation & Parks
5600 85th Avenue N
Brooklyn Park, MN 55443
763-493-8333
www.brooklynpark.org/events/farmers-market

2019 Brooklyn Park Farmers Market VENDOR APPLICATION

BUSINESS/ FARM NAME

Vendor Application *must* accompany Payment and Invitation to Participate/Checklist (side 2)

SELLER INFORMATION

Seller Name	Business Phone ()
Address	Home Phone ()
City	Cell Phone ()
State, Zip	Fax # ()
Email	Website
PRODUCT(S) TYPE:	

SEASON VENDOR (see reverse side for fee details)

Single Stall _____ \$125/225 / SEASON #870009.01
Double Stall _____ \$275/375 / SEASON #870009.02

WEEKLY VENDOR*

Single Stall _____ \$35/WEEK #870009.03

*Priority is given to season-long vendors. Weekly vendors may be accepted upon approval of the Farmers Market Coordinator

PAYMENT

Cash Charge* Check # _____
Season \$ _____
Weekly \$35 x # weeks \$ _____
Total Due \$ _____

CHECKLIST*

- Completed application** completely filled out (both sides/pages)
 - Season fee** (credit card or checks payable to City of Brooklyn Park)
 - Paper copies of any food-related licenses**
 - MN Department of Revenue Form ST-19**
 - Copy of Certificate of Insurance** with Brooklyn Park listed as additionally insured during dates of the Farmers Market
- *YOU MUST TURN IN ALL DOCUMENTS TO QUALIFY FOR APPROVAL**

Select "All Dates" if you will be at all of the Markets or check those dates you plan on selling at the Market:

<input type="checkbox"/> All Dates	July 10 <input type="checkbox"/>	July 17 <input type="checkbox"/>	July 24 <input type="checkbox"/>	July 31 <input type="checkbox"/>
	Aug 7 <input type="checkbox"/>	Aug 14 <input type="checkbox"/>	Aug 21 <input type="checkbox"/>	Aug 28 <input type="checkbox"/>
	Sept 4 <input type="checkbox"/>	Sept 11 <input type="checkbox"/>	Sept 18 <input type="checkbox"/>	Sept 25 <input type="checkbox"/>
	Oct 2 <input type="checkbox"/>	Oct 9 <input type="checkbox"/>		

I have read and agree to abide by all City of Brooklyn Park Farmers Market policies outlined here and in the invitation to participate. I agree that the City of Brooklyn Park 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 participation in the Farmers Market, whether such injury, theft or damage occurs prior, during or after the Market. Seller further agrees to indemnify and hold the City 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 City does not provide this coverage and I understand that I must show proof of such insurance with registration materials covering the Market dates. Brooklyn Park Recreation & Parks periodically takes pictures of participants during programs and in the parks; please be aware that these photos may be used in the City's marketing materials. If you or your family members do not want to be photographed or published, you must give us written notice.

Signature _____ Date _____

*CREDIT CARD PAYMENT Visa/Mastercard/Discover/American Express

Name on card _____ Amount \$ _____
Card Number: _____
Exp. Date: _____ Signature _____

OFFICE USE ONLY:

Date received: ____/____/____
Time received: ____:____ AM/PM
Received: In person Mail
 Email
Registered by: _____ (initials)

763-493-8333

www.brooklynpark.org