

Sauk Rapids Farmers Market  
2011 Vendor Application

Name of business \_\_\_\_\_

Owners' name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_ Website \_\_\_\_\_

\*please provide 10 self addressed stamped envelopes if email is not possible

Address where products originate (if different from above)

Liability insurance policy number \_\_\_\_\_

Insurance company \_\_\_\_\_

MN Sales tax ID number (if applicable) \_\_\_\_\_

Directions to fields and/or production facilities

**On the back of this form, check items which you plan to sell at the Sauk Rapids Farmers Market.**

Additional comments about your products/services (include any exceptions requested per Standard #15)

**I have read the Sauk Rapids Farmers Market 2011 Season Market Standards and Rules, and agree to abide by them.** (please check box)

I agree that the Market Board members and Market Manager, the City of Sauk Rapids and their respective officers, employees, agents and consultants are 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 Sauk Rapids Farmers Market; whether such injury, theft or damage occurred prior, during, or after the Sauk Rapids Farmers Market. (please check box)

**Applicant(s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**To become a vendor at the Sauk Rapids Farmers Market, please return the following to:**

**Sauk Rapids Farmers Market, P. O. Box 84, Sauk Rapids, MN 56379.**

The Completed and signed 2011 Vendor Application

\$200 check for a Total Season Payment or \$100 with application and \$100 due first market day

Copy of current liability insurance

Form ST19 Operator Certificate of Compliance (sales tax)

(Please make checks payable to "Sauk Rapids Farmers Market")

Please check the items you plan to sell at our market. Add items not listed in space provided.  
Thank you.

**VEGETABLES:**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Asparagus                 | <input type="checkbox"/> Beans         | <input type="checkbox"/> Beets      |
| <input type="checkbox"/> Broccoli                  | <input type="checkbox"/> Cabbage       | <input type="checkbox"/> Carrots    |
| <input type="checkbox"/> Cauliflower               | <input type="checkbox"/> Celery        | <input type="checkbox"/> Chard      |
| <input type="checkbox"/> Cucumbers                 | <input type="checkbox"/> Eggplant      | <input type="checkbox"/> Greens     |
| <input type="checkbox"/> Leeks                     | <input type="checkbox"/> Lettuce       | <input type="checkbox"/> Okra       |
| <input type="checkbox"/> Onions                    | <input type="checkbox"/> Parsnips      | <input type="checkbox"/> Peas       |
| <input type="checkbox"/> Peppers                   | <input type="checkbox"/> Potatoes      | <input type="checkbox"/> Pumpkins   |
| <input type="checkbox"/> Rutabaga                  | <input type="checkbox"/> Summer Squash | <input type="checkbox"/> Sweet Corn |
| <input type="checkbox"/> Tomatoes                  | <input type="checkbox"/> Winter Squash |                                     |
| <input type="checkbox"/> Other (please list) _____ |  |                                     |

**FRUITS:**

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apples                    | <input type="checkbox"/> Grapes      | <input type="checkbox"/> Melons       |
| <input type="checkbox"/> Pears                     | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Other (please list) _____ |                                      |                                       |

**MEAT/POULTRY:**

- |  |                                  |                               |
|--|----------------------------------|-------------------------------|
| <input type="checkbox"/> Beef                      | <input type="checkbox"/> Eggs    | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Lamb                      | <input type="checkbox"/> Poultry | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Other (please list) _____ |                                  |                               |

**MISCELLANEOUS FOODS:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fresh Herbs               | <input type="checkbox"/> Dried Herbs  | <input type="checkbox"/> Honey       |
| <input type="checkbox"/> Maple Syrup               | <input type="checkbox"/> Maple Sugar  | <input type="checkbox"/> Breads      |
| <input type="checkbox"/> Cookies                   | <input type="checkbox"/> Pies         | <input type="checkbox"/> Baked goods |
| <input type="checkbox"/> Salsa                     | <input type="checkbox"/> Jams/Jellies |                                      |
| <input type="checkbox"/> Other (please list) _____ |                                       |                                      |

**PLANTS:**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Bedding Plants            | <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Hanging Baskets |
| <input type="checkbox"/> Perennials                | <input type="checkbox"/> Shrubs      | <input type="checkbox"/> Trees           |
| <input type="checkbox"/> Vegetable plants          | <input type="checkbox"/> Herb plants |  |
| <input type="checkbox"/> Other (please list) _____ |                                      |  |

**CRAFTS:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dried Flowers             | <input type="checkbox"/> Flower Arrangements | <input type="checkbox"/> Soap          |
| <input type="checkbox"/> Bath/Body Products        | <input type="checkbox"/> Wreaths             | <input type="checkbox"/> Wood Products |
| <input type="checkbox"/> Other (please list) _____ |  |  |