

- Signed Items that must be included with 2022 Vendor Application
- Market Rules Email Us Your Logo
- ST19 Form
- \$50.00 Non Refundable Deposit
- FULL Payment/ or pre-arranged with Smoke Signals™
- Req. Licenses Required INSURANCE Info.



Business Name:	
Seller Name:	
Website:	Business Phone ()
Address:	Cell Phone ()
City	Home Phone ()
State:	Zip
Fax # ()	
Email	
Product:	

2022 Seasonal Farmers Market runs 18 times. Set-up is @1:30-3:15 Thursdays June-September	
6/2 6/9 6/16 6/23 6/30 7/7 7/14 7/21 7/28 8/4 8/11 8/18 8/25 9/1 9/8 9/15 9/22 9/29	
ARTIST/ Vendor 10x10 Single Seasonal Space[\$20/ per wk. on your selected dates] or	_____ \$200.00 best All season price =\$10.00)per
Kid's Vendor Table Seasonal Space In Community Tent a 6 ft table w/ 2 chairs is provided [\$10/ per wk. on your selected dates] or	_____ \$100.00 best All season price =\$5.00)per
FARMER, Producer, Grower, Cottage Food Producer @All Full Season	_____ \$50.00 (per 10x10) Parking is behind stall
NEW VENDOR OFFER: OUR 10x10 TENT Limited Availability Flat Rate: WE WILL PROVIDE & SET-UP/TEARDOWN for you along w/ 2 chairs & 6 foot table for the complete season.	_____ \$500.00 [5 spaces available] @full season
BEST SEASONAL PRICE FOR ALL DATES @ FOOD TRUCK VENDOR ON FOOD COURT is:	
10x10=\$300.00 _____, 10x20=\$400.00 _____, 10x30=\$500.00 _____, 10x60=\$600.00	
NOTES: NO vehicle parking, NO H2O or Root beer sales, Bring a trash receptacle & generator, A 6ft table for your 'other sale items must be ok'd prior to start	
I AM A 501© 3 non-profit organization & will set-up our awareness at NO-Cost under the SS red community tent on all Thursdays _____ or check one below <input type="checkbox"/> 1st Thursday of each month <input type="checkbox"/> 2nd Thursday of each month <input type="checkbox"/> 3rd Thursday of each month <input type="checkbox"/> 4th Thursday of each month <input type="checkbox"/> 5th Thursday	

ALL Vendor applications must be submitted with a DEPOSIT fee of \$50.00 (non-refundable) and all necessary paperwork and remaining amounts due by **Feb. 28th 2022**
 Or pre-arrangement is made with Smoke Signals™ Courtesy & Priority is Given To Long time vendors returning and are at full seasonal dates. We try to not duplicate vendor uniqueness's.
 Send a PNG format of LOGO & all forms emailed to: robbfrank8@comcast.net or **MAIL TO/Make Check to: Smoke Signals 2445 Paha Circle Shakopee MN 55372**
 FB TWITTER INSTAGRAM @sendingasmokesignal FB @ TheLittleMarketThatCould
 Website: www.sendingasmokesignal.org | Co-founders: Sheldon 952.456.1650 Rosemary 612.214.8770

Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date: _____ Vendor Fee \$ _____	Once you have been approved as a vendor your payment will be processed and is non-refundable. There is a \$40 return check fee.
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I have read and agree to abide by SS policies and expectations. I agree that the Smoke Signals (SS) as the event host (as outlined above) is/ are not liable for any injury, theft, or damage, sickness, death to either the buyer or seller, or their property, arising out of or pertaining to preparation for/after or participating in the "Event" whether such injury, theft or damage occurs prior, during, or after the "Event". Seller further agrees to indemnify and hold the Event Hosts and SS, its members, volunteers and assigns harmless for and against any claims for such. I understand that I must carry my own general liability and product liability insurance because the Event Hosts and SS do not provide this coverage. **I also understand that I must give 72 hours Notice if not attending a date I agreed to.** Cross promotion is suggested. Smoke Signals™ Coordinators periodically take pictures of participants during events. Please be aware that these photos may be used in marketing materials and outlets. If you or your family members do not want to be photographed or published you must give us a written notice.
 Signature _____ Date: _____

Process:

1. Applications are reviewed and approved or declined.
2. If approved, you will be notified by email or phone call.
3. Your payment will be processed immediately upon approval.

Approved Declined Date: _____

For Office Use:
 Date Received: _____
 Check # _____ Amt: \$ _____
 Receipt Confirm _____ (initial here)

Vendor Specifications, Permits, and Licensing

Product Information:

- Business Product/Sales/Activity _____
Artisan Do you design and make ALL of your own items? No Yes If no, explain _____
- Non-Produce Do you cook and/or prepare your product yourself? No Yes If no, explain _____
Food Item: _____
- Produce Do you grow your own crop items? No Yes If no, explain _____
- Nursery Plants Do you grow your own nursery plants? No Yes If no, explain _____

If selling produce, address where crops are grown: _____

Market management representatives reserve the right to visit the farm location before or during the market season.

If selling a non-produce food item, do you prepare your items in a licensed kitchen or at home as a home based product?

Licensed Kitchen: Name/ Address _____

Home Kitchen following the "Pickle/Cottage" Bill (s) class, food handling, and home labeling requirements.

Are you selling any processed food items? No Yes

Please list all items you will be selling (use additional paper if necessary): _____

Farm/Business Bio - for Marketing purposes: _____

*** Insurance Requirements ***

Vendors assume full liability for the products they sell and their participation in Smoke Signals Events and hereby agree to hold SS and Host partners, its members, volunteers, and assigns harmless against any claim resulting from the vendor's participation in the Market. It is required that vendors carry their own insurance, as the SS and host partners do not provide this coverage.

___ (intl) I have current General Liability Insurance. Policy No. _____
My insurance coverage is effective from: Start Date: _____ Expiration Date: _____.

___ (intl) My policy will cover my participation at the Market during the season.

___ (intl) I employ outside staff (not myself or family members) to work the vendor booth No Yes

_____ (intl) If yes, I have workers compensation coverage.

___ (intl) I am opting out. I am not bringing a tent and will accept all responsibility for my participation in this SS Event.

*** Permits, Registration, Licensing, and Sales Tax (initial all that apply) ***

According to the MN Department of Ag. vendors should carefully research and know about the type of product they sell and confirm what type of license is required. **It is the vendors responsibility to make sure they have the correct licensing in place to participate and for the duration of the Market.**

___ I have completed and attached the ST-19 Sales Tax form.

___ I have a Minnesota Department of Agriculture License: # _____

___ I have a Minnesota Department of Health License # _____

___ I have a Minnesota Department of Ag. Cottage Goods Producer Registration # _____

___ I have a Minnesota Nurseryman's License (for perennial plant sales): # _____

Food Sampling and Serving

___ I intend to offer food sampling of my product at the Market No Yes

___ I intend to prepare food products fresh at the Market No Yes

_____ (Initial) If Yes, to either, I understand I need to provide a hand washing station at my booth according to the Minnesota Food Code requirements for personal use.

Signature

I have read through the application, market guidelines, and provided the necessary documentation along with my application for vendor consideration. I understand I must take precautions and have a COVID-19 Plan in place along with sanitizer/handwashing available.

Please Print: Primary Seller Name: _____

Signature: _____ Date: _____