

- Signed Items that must be included with 2024 Vendor Application Please check off by initialing here > _____ <
- Market Rules _____ Email Us Your Logo _____ **I understand the no show policy** _____
- ST19 MN Form _____
- FULL Payment/ or pre-arranged prior with Smoke Signals™ _____
- Required Licenses _____ Required INSURANCE Info _____
- **\$50.00 Non Refundable Deposit (This will be waived if your check/paperwork is received by 03.15.2024)**



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

2024 Seasonal Farmers Market runs 14 times. Set-up after NOON and by 3PM Thurs June 20-September 19 3:30-7PM -NEW LOCATION 3575 N Berens Rd NW, Prior Lake, MN 55379 Partnering Venue: (SHEPARD OF THE LAKE CAMPUS PARKING LOT)

6/20 6/27 | 7/04 7/11 7/18 7/25 | 8/1 8/08 8/15 8/22 8/29 | 9/5 9/12 9/19

ARTIST/ Crafter/ Business Vendor 10x10 Single Seasonal Space <u>This special price of \$100 is @All Full Season Attendance of 14 Thursday nights</u> NOTE:[\$25/ per night on my own circled selected dates above that I will be attending the market on] Parking is behind or close to stall being offered, bring trash receptacle & generator if you need & weights.	\$100.00 @best All season attendance price YOU WILL BE BILLED \$50 per night if no show or not notifying Smoke Signals 72 hours or more, please just let us know, (as your customers ask for you) and will need to be paid prior to the next week of set-up.
Kid's Vendor Table Seasonal Space In Kids Community Tent a 4 ft table a chair is Provided. MUST CIRCLE MY OWN DATES ABOVE. Parking is in the far East end of lot.	___ Smoke Signals Sponsors Your Spot if under 16 yrs. of age I know a parent must be with me at all times
FARMER, Producer, Grower, Cottage Food Producer 10x10 Single Seasonal Space <u>This price of \$50 is @All Full Season Attendance of 14 Thursday nights a 10x20 is available to Farmers only.</u> NOTE:[\$25/ per night on my own circled selected dates above that I will be attending the market on] Parking is behind or close to stall being offered, bring trash receptacle & generator if you need & weights.	\$50.00 @best ALL season attendance price stall YOU WILL BE BILLED \$50 per night if no show or not notifying Smoke Signals 72 hours or more, please just let us know, (as your customers ask for you) and will need to be paid prior to the next week of set-up.

*This is BEST SEASONAL PRICE FOR ALL 14 DATES @ FOOD TRUCK /TRAILER VENDORS (In place by 3PM)
10x10/15/20/25=\$500.00 _____ OR \$50 per night on my own circled selected dates above that I will be attending the market on _____

***YOU WILL BE BILLED \$50 per night if no show or not notifying Smoke Signals 72 hours or more and will need to be paid prior to the next week of set-up.**

NOTES: NO vehicle parking, NO water 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 one 6ft table & 2 chairs are provided for you w/ parking behind SS Trailer check one below or all if attending all 14 nights.
___ 1st Thursday of each month ___ 2nd Thursday of each month ___ 3rd Thursday of each month ___ 4th Thursday of each month ___ 5th Thursday

ALL Vendor applications must be submitted with a DEPOSIT fee of \$50.00 (non-refundable) if received after March 15 This fee is waived if your fee check and all necessary paperwork is received by **MARCH 15th 2024 to reserve a spot** . We will try to not duplicate vendor uniqueness's.

MAIL ALL TO/Make Check to: Smoke Signals 2445 Paha Circle Shakopee MN 55372

We are on: FB TWITTER INSTAGRAM @sendingasmokesignal FB @ TheLittleMarketThatCould Email: sendingasmokesignal@gmail.com

Website: www.sendingasmokesignal.org | Co-founders: Sheldon 952.456.1650 Rosemary 612.214.8770

I have read and agree to abide by SS policies and market 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 and understand the upcharge billing procedure prior to my next scheduled date to attend. I understand that courtesy and kindness matters and will treat others w/ respect. Cross promotion is suggested, must use our market name/address. The Little Market That Could 3575 Berens Rd NW Prior Lake MN Partnering venue: Shepard Of the Lake Lutheran Church**
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.
 4. Once you have been approved as a vendor your payment will be processed and is non-refundable. There is a \$50 return check fee.

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.

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

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

___ (initial) I employ outside staff (not myself or family members) to work the vendor booth/stall/truck No Yes

___ (initial) If yes on above question, I know I must have workers compensation coverage.

___ (initial) I 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, if needed. I understand the NO SHOW Policy.

Please Print: Primary Seller Name: _____

Signature: _____ Date: _____