



Items that must be included with Application Payment ST19 Insurance Info. Req. Licenses

Seller Information (please print clearly)

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

Event Vendor 10x10 single booth space		Priority is given to season-long vendors. Periodic vendors are accepted if space allows and is at the discretion of the Market Coordinators. Dates request (subject to availability).																				
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Contact: Rosemary Frank 612.214.8770 or Sheldon Bryant 952.456.1650
 Register online @ <https://www.SendingASmokeSignal.org>
Make Checks Payable to Smoke Signals ; Memo: Event and Mail to 2445 Paha Circle, Shakopee, MN 55379

Vendor applications must be submitted with fees and all necessary paperwork.

Once you have been approved as a vendor your payment will be processed and is non-refundable. There is a \$40 return check fee.	Payment: <u> </u> Cash <u> </u> Check # _____
	Date: _____ Vendor Fee \$ _____
	Staff Initials: _____

I have read and agree to abide by SS policies and expectations. I agree that the Smoke Signals (SS) and the event host (as outlined above) is/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 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 injury, theft, or damage. 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.

The Market 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. <u> </u> Approved <u> </u> Declined Date: _____	For Office Use: Date Received: _____ Check # _____ Amt: \$ _____ Receipt Confirm _____ (intls)
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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 Harvest Market during the 2019 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.

Please Print: Primary Seller Name: _____

Signature: _____ Date: _____