



# Rosedale Farmers Market: 2011 Vendor Application

Please return the application and \$25 membership fee to the  
Rosedale Farmers Market Inc., 4326 Lloyd St, Kansas City, KS 66103

## I. Vendor Contact Information

Business Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other markets and direct marketing sales in which you participate: \_\_\_\_\_

## II. Vendor Type

Please select your primary vendor category:

Producer    Value Added    Prepared Food

Please break down your product offerings by percentage:

\_\_\_\_% Produce   \_\_\_\_% Fruit   \_\_\_\_% Baked Goods   \_\_\_\_% Meat  
\_\_\_\_% Honey   \_\_\_\_% Nuts   \_\_\_\_% Cut Flowers   \_\_\_\_% Nursery Plants  
\_\_\_\_% Prepared Food   \_\_\_\_% Value Added

Please describe your growing/production practices \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you grow and/or raise all products or ingredients that you plan to sell at the Rosedale Farmers Market? \_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

What's the size of your production center? \_\_\_\_\_

\_\_\_\_\_

Rosedale Farmers Market, Inc.  
4326 Lloyd St., Kansas City, Kansas 66103  
913-645-7826 • [www.rosedalefarmersmarket.com](http://www.rosedalefarmersmarket.com)  
[rosedalehealthykid@att.net](mailto:rosedalehealthykid@att.net)

Are you *Certified Organic*? \_\_\_Yes \_\_\_No

Are you *Certified Naturally Grown*? \_\_\_Yes \_\_\_No

Do you have any other certifications/recognitions which you would like to share? (Senior Farmers Market Nutrition Program, awards, etc.)

---

---

### **III. Insurance & Permits**

**Do you currently have commercial liability insurance?** \_\_\_Yes \_\_\_No

*(The Rosedale Farmers Market strongly encourages vendors to have commercial liability insurance. Please contact the market coordinator for more information.)*

**Do you have a KDOR Retail Sales Tax certificate?** \_\_\_Yes \_\_\_No

**Please send your application and a \$25 membership fee to Rosedale Farmers Market, Inc., 4326 Lloyd St, Kansas City, Kansas. Checks can be made payable to Rosedale Farmers Market, Inc.**

**Please include a copy of licenses/permits, certifications or other contractual agreements pertinent to the products you want to sell at the market.**

I acknowledge and agree to take full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's market (May – September). I agree to let the Market Manager and/or the Rosedale Farmers Market Board of Directors inspect my garden, farm or production area within 48 hours of their request. I understand that the Rosedale Farmers Market does not carry any insurance policies to cover individual participants and that I am strongly encouraged to carry such insurance.

I agree to abide by the Rosedale Farmers Market Guidelines and the rules and regulations contained therein.

I certify that the information contained in this application is true and accurate.

Name of Business: \_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEE FOLLOWING PAGE FOR EXPECTED PRODUCT AVAILABILITY CHART**

---

Rosedale Farmers Market, Inc.  
4326 Lloyd St., Kansas City, Kansas 66103  
913-645-7826 • [www.rosedalefarmersmarket.com](http://www.rosedalefarmersmarket.com)  
[rosedalehealthykid@att.net](mailto:rosedalehealthykid@att.net)

