

2020 OP FARMERS' MARKET FARM VENDOR APPLICATION & PRODUCT LIST

Please review the following checklist to be sure all applicable items are included before submitting the final application for review.

Applications received by **5 p.m. on Friday, January 10, 2020** will be notified by mid-February.
Applications received after January 10, 2020 will be included in the 2nd Round Category.

Incomplete Applications will not be accepted and/or could delay the review and placement process.

CHECKLIST	PLEASE CHECK ONE			
Category	<input type="checkbox"/> Farm	<input type="checkbox"/> Food	<input type="checkbox"/> Specialty	
You have read and fully understand Rules & Regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Application	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included		
Product List <i>(new vendors only unless returning vendor is completely altering their previous product list)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included		<input type="checkbox"/> In Process
Kansas Retail Sales Tax Certificate <i>(new vendors only)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included		<input type="checkbox"/> In Process
Vehicle Insurance Declaration Page <i>(for vehicles at OPFM)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included		<input type="checkbox"/> In Process
Business/General/Farm Liability Insurance Declaration Page	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
Lease Agreement	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
USDA Organic Certification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
KDA Meat Wholesale/Distributor License <i>(or state equivalent)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
KDA Dairy Processing Plant License <i>(or state equivalent)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
KDA Food Processing Plant License <i>(or state equivalent)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
KDA License Mobile Unit Permit <i>(or state equivalent)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
KDA Live Plant License <i>(or state equivalent)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
Certified Commercial Kitchen License <i>(not inspection report)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
Better Processing Control School License <i>(acidified foods)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process
5 samples <i>(new vendors only with anything for sale other than produce OR returning vendors with new products)</i>	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included	<input type="checkbox"/> NA	<input type="checkbox"/> In Process

SUBMIT COMPLETED APPLICATION TO:

City of Overland Park
Attn: Farmers' Market
8101 Marty Street
Overland Park, KS 66204
OR

kristina.stanley@opkansas.org

Please do not fax or send a picture of your application.

QUESTIONS:

Call | 913.895.6390

or

Email for a faster response | kristina.stanley@opkansas.org

2020 OP FARMERS' MARKET FARM VENDOR APPLICATION

APPLICANT INFORMATION

Business Name:

Applicant Name (s):
(Include all business partners)

Mailing Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

Primary Email:

Secondary Email:

Website:

Business Social Media Accounts: Facebook Instagram Twitter

DATES OF PARTICIPATION REQUESTED

Full Season (25 or more combined days)

Half Season (11-24 combined days)

Saturday Daily Rate (10 or less combined days)

Wednesday Daily Rate (10 or less combined days)

Note: Saturday daily rates cannot choose 10 consecutive days June-August.

SATURDAYS (34 days)

Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.

All 34 Saturdays:

April: 11 18 25

May: 2 9 16 23 30

June: 6 13 20 27

July: 4 11 18 25

August: 1 8 15 22 29

September: 5 12 19 26 (Fall Fest)

October: 3 10 17 24 31

November: 7 14 21

December: 5 (*Indoor Holiday Farmers' Market*)

WEDNESDAYS (20 days)

Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.

All 20 Wednesdays:

May: 20 27

June: 3 10 17 24

July: 1 8 15 22 29

August: 5 12 19 26

September: 2 9 16 23 30

STALL PREFERENCE/DETAILS

Stall Size Request: 1 Stall 1.5 Stalls 2 Stalls

Stall # Request: 1. _____ 2. _____ 3. _____ 4. _____

Request additional space in Marty St. (fees may apply) Yes No

Other Stall Requests:

Equipment Used On-Site: Generator Refrigerator/Freezer Propane Warmer Grill Scales Electronic device
 Fan/Heater Other: _____

Do you need/want electricity? Yes No

If so, why? Food Safety Equipment, please list: _____

What size vehicle do you have?

If bigger than a truck, what is the height?

Do you plan to offer samples? Yes No If so, how many months: _____ (*temporary food application not due at this time*)

FARM INFORMATION
(Include all land you own, business partners land and/or leased land.)

Farm Address 1:	Street:	City:	State/Zip:
	<input type="checkbox"/> Own <input type="checkbox"/> Lease How many acres: _____ How many miles is it from your farm to the OPFM? _____		
Farm Address 2:	Street:	City:	State/Zip:
	<input type="checkbox"/> Own <input type="checkbox"/> Lease How many acres: _____ How many miles is it from your farm to the OPFM? _____		
Please select one option:	<input type="checkbox"/> 100% homegrown farmer, all season long with no resale products ever <input type="checkbox"/> Farmer who offers local, regional and/or warehouse products at some point throughout the season		

Do you offer Added-Value Products (i.e. business merchandise)? Yes No

MISCELLANEOUS INFORMATION

Do you occasionally purchase produce from a local grower? Yes No
 If yes, please provide their name(s), address(es), phone number(s).

1. _____
2. _____
3. _____

Do you occasionally purchase produce from a regional source/farmers' auction/warehouse? Yes No
 If yes, please identify their name(s), address(es), phone numbers (s).

1. _____
2. _____
3. _____

OPFM JUSTIFICATION

Please explain why you deserve to be a part of the Overland Park Farmers' Market and how your product ties in with the market philosophy. What will you offer that's unique and how will you market yourself to stand out?

OP CORE VALUES

Pursuit of Excellence. Service Commitment. Integrity. Stewardship. Respect. Relationship Building.

Which one Core Value is the most important to you and how will you work to promote it all year long?

SIGNATURES

I have read and fully understand the Rules & Regulations and agree to adhere to them, which is why I am applying to be a vendor. I attest that all information provided in this application is accurate. I acknowledge that if any information provided is found to be untrue that it may result in expulsion or suspension from the Farmers' Market without refund.

Applicant Name (printed):	
Applicant Signature:	Date: