

# 2020 OP FARMERS' MARKET FOOD/SPECIALTY VENDOR APPLICATION

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](mailto: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](mailto:kristina.stanley@opkansas.org)

# 2020 OP FARMERS' MARKET FOOD/SPECIALTY VENDOR APPLICATION

## APPLICANT INFORMATION

Business Name:	
Applicant Name (s): <i>(include all business partners)</i>	
Mailing Address:	
Business Address <i>(if applicable)</i> :	
Primary Phone:	Secondary Phone:
Primary Email:	Secondary Email:
Website:	Business Social Media Accounts: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> 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.*

<p style="text-align: center;"><u>SATURDAYS (34 days)</u></p> <p>Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.</p> <p>All 34 Saturdays: <input type="checkbox"/></p> <p>April: <input type="checkbox"/>11   <input type="checkbox"/>18   <input type="checkbox"/>25</p> <p>May: <input type="checkbox"/>2   <input type="checkbox"/>9   <input type="checkbox"/>16   <input type="checkbox"/>23   <input type="checkbox"/>30</p> <p>June: <input type="checkbox"/>6   <input type="checkbox"/>13   <input type="checkbox"/>20   <input type="checkbox"/>27</p> <p>July: <input type="checkbox"/>4   <input type="checkbox"/>11   <input type="checkbox"/>18   <input type="checkbox"/>25</p> <p>August: <input type="checkbox"/>1   <input type="checkbox"/>8   <input type="checkbox"/>15   <input type="checkbox"/>22   <input type="checkbox"/>29</p> <p>September: <input type="checkbox"/>5   <input type="checkbox"/>12   <input type="checkbox"/>19   <input type="checkbox"/>26 (Fall Fest)</p> <p>October: <input type="checkbox"/>3   <input type="checkbox"/>10   <input type="checkbox"/>17   <input type="checkbox"/>24   <input type="checkbox"/>31</p> <p>November: <input type="checkbox"/>7   <input type="checkbox"/>14   <input type="checkbox"/>21</p> <p>December: <input type="checkbox"/>5 (<i>Indoor Holiday Farmers' Market</i>)</p>	<p style="text-align: center;"><u>WEDNESDAYS (20 days)</u></p> <p>Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.</p> <p>All 20 Wednesdays: <input type="checkbox"/></p> <p>May: <input type="checkbox"/>20   <input type="checkbox"/>27</p> <p>June: <input type="checkbox"/>3   <input type="checkbox"/>10   <input type="checkbox"/>17   <input type="checkbox"/>24</p> <p>July: <input type="checkbox"/>1   <input type="checkbox"/>8   <input type="checkbox"/>15   <input type="checkbox"/>22   <input type="checkbox"/>29</p> <p>August: <input type="checkbox"/>5   <input type="checkbox"/>12   <input type="checkbox"/>19   <input type="checkbox"/>26</p> <p>September: <input type="checkbox"/>2   <input type="checkbox"/>9   <input type="checkbox"/>16   <input type="checkbox"/>23   <input type="checkbox"/>30</p>
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## STALL PREFERENCE/DETAILS

Stall Size Request: <input type="checkbox"/> 10 x 10 Tent <input type="checkbox"/> Food Truck/Trailer	Stall # Request: 1. _____ 2. _____ 3. _____ 4. _____
Request additional space in Marty St. (fees may apply) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Stall Requests:
Equipment Used On-Site: <input type="checkbox"/> Generator <input type="checkbox"/> Refrigerator/Freezer <input type="checkbox"/> Propane <input type="checkbox"/> Warmer <input type="checkbox"/> Grill <input type="checkbox"/> Scales <input type="checkbox"/> Electronic device <input type="checkbox"/> Fan/Heater <input type="checkbox"/> Other: _____	
Do you need/want electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, why? <input type="checkbox"/> Food Safety <input type="checkbox"/> Equipment , please list: _____
What size vehicle do you have?	If bigger than a truck, what is the height?

**MISCELLANEOUS INFORMATION**  
*(attach a separate sheet if more space is needed)*

Is this your primary business?  Yes  No

Do you plan to offer samples and/or serve foods?  Yes  No If yes, how many months? \_\_\_\_\_ (April-December is 9 months)

Are any of the raw ingredients or materials in your product grown or produced by you?  Yes  No  
If yes, what raw ingredients or materials?

Is your product processed and packaged by you?  Yes  No  
If yes, please explain.

Do you occasionally purchase produce from the OP Farmers' Market to include with your product?  Yes  No  
If yes, what products and from whom?

Do you occasionally purchase produce from a local/regional vendor to include with your product?  Yes  No  
If yes, what products and from whom?

**OPFM JUSTIFICATION**

This is our most competitive category with very little vendor turn over from year to year.

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 from other vendors?

**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 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 from the Farmers' Market without refund.

Applicant Name (printed):

Applicant Signature:

Date: