

OP FARMERS' MARKET FOOD/SPECIALTY VENDOR PRODUCT LIST

Section 1: Overall Product List & Practices

Please identify which options fit you best.

Section 2: Product List

Please list any and all products you intend to sell at the OP Farmers' Market and its source of production. False or inaccurate information could result in expulsion from the market without refund. This sheet will be verified and used on kitchen visits.

Notes:

- 1) In order to save time and paper, this Product List will be kept on file year after year and will not need to be filled out once it's completed.
- 2) Any addition(s) to this Product List will require you to submit your changes to the Recreation Supervisor and/or update this Product List so the most accurate products are on file. Upon review of your written request of any changes, the Recreation Supervisor will approve or deny your request.

SECTION 1: OVERALL PRODUCT LIST & PRACTICES

Which areas do you focus on/practice?

(Please check all that apply)

- Produce
 Dairy
 Meat
 Eggs
 Beekeeping/Honey
 Plants/Flowers
 Greenhouse/High Tunnels
 Bakery
 Canned Goods
 Beverages (alcoholic/non-alcoholic)
 Prepared Foods/Grab 'n Go/Take 'n Bake
 Other: _____

SECTION 2: PRODUCT LIST

	Produced by applicant, all the time	Produced by applicant, some time	Produced by applicant, none of the time
Product 1:			
Product 2 :			
Product 3:			
Product 4:			
Product 5:			
Product 6:			
Product 7:			
Product 8:			
Product 9:			
Product 10:			
Product 11:			
Product 12:			
Product 13:			
Product 14:			
Product 15:			
Product 16:			
Product 17:			
Product 18:			
Product 19:			
Product 20:			