

2021 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 for the Farmers' Market must be received by **5 p.m. on Friday, January 8, 2021** to be included in the 1st Round Category. Applications received after January 8, 2021 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

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 modifying 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"/> 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

2021 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

<input type="checkbox"/> <u>Full Season</u> (25 or more combined days)	<input type="checkbox"/> <u>Half Season</u> (11-24 combined days)
<input type="checkbox"/> <u>Saturday Daily Rate</u> (10 or less combined days)	<input type="checkbox"/> <u>Wednesday Daily Rate</u> (10 or less combined days)

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

<p style="text-align: center;">*SATURDAYS (34 days) <small>*All dates and events are subject to change.</small></p> <p style="text-align: center;">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 33 Saturdays: <input type="checkbox"/></p> <p>April: <input type="checkbox"/>17 <input type="checkbox"/>24</p> <p>May: <input type="checkbox"/>1 <input type="checkbox"/>8 <input type="checkbox"/>15 <input type="checkbox"/>22 <input type="checkbox"/>29</p> <p>June: <input type="checkbox"/>5 <input type="checkbox"/>12 <input type="checkbox"/>19 <input type="checkbox"/>26</p> <p>July: <input type="checkbox"/>3 <input type="checkbox"/>10 <input type="checkbox"/>17 <input type="checkbox"/>24 <input type="checkbox"/>31</p> <p>August: <input type="checkbox"/>7 <input type="checkbox"/>14 <input type="checkbox"/>21 <input type="checkbox"/>28</p> <p>September: <input type="checkbox"/>4 <input type="checkbox"/>11 <input type="checkbox"/>18 <input type="checkbox"/>25 <i>(Fall Fest)</i></p> <p>October: <input type="checkbox"/>2 <input type="checkbox"/>9 <input type="checkbox"/>16 <input type="checkbox"/>23 <input type="checkbox"/>30</p> <p>November: <input type="checkbox"/>6 <input type="checkbox"/>13 <input type="checkbox"/>20</p> <p>December: <input type="checkbox"/>4 <i>(Holiday Farmers' Market)</i></p>	<p style="text-align: center;">*WEDNESDAYS (18 days) <small>*All dates and events are subject to change.</small></p> <p style="text-align: center;">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>June: <input type="checkbox"/>2 <input type="checkbox"/>9 <input type="checkbox"/>16 <input type="checkbox"/>23 <input type="checkbox"/>30</p> <p>July: <input type="checkbox"/>7 <input type="checkbox"/>14 <input type="checkbox"/>21 <input type="checkbox"/>28</p> <p>August: <input type="checkbox"/>4 <input type="checkbox"/>11 <input type="checkbox"/>18 <input type="checkbox"/>25</p> <p>September: <input type="checkbox"/>1 <input type="checkbox"/>8 <input type="checkbox"/>15 <input type="checkbox"/>22 <input type="checkbox"/>29</p>
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PAVILION & MATT ROSS COMMUNITY CENTER STALL PREFERENCE/DETAILS

Pavilion Stall Size Request: <input type="checkbox"/> 10 x 10 Tent <input type="checkbox"/> Food Truck/Trailer	Pavilion Stall # Request: 1. _____ 2. _____ 3. _____
MRCC Stall Request: <input type="checkbox"/> 1 stall set-up/1 car <input type="checkbox"/> 2 stall set-up/no car	MRCC Stall # Request: 1. _____ 2. _____ 3. _____
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 prepackaged food, samples and/or serve ready-to-eat 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?

If making ready-to-eat food on site, can you source 25 percent of your ingredients from the OPFM? Yes No
If no, please explain why not.

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: