

# 2016 Farm Vendor Application – Bloomington Community Farmers' Market

**Please fill out both sides completely.** Additional pages may be included if necessary.

Print or type all information clearly and submit **with application fee of \$20** (the application fee does not apply if all vendors on the contract are 16 years of age or younger) and **signed contract** to:

Robin Hobson, Market Master  
City of Bloomington Parks and Recreation Department  
P.O. Box 848 Bloomington, IN 47402

**Applications must be received by Monday, March 21, 2016. If vendor is reserving a space, application is due at the space reservation meeting on Monday, February 29, 2016.**

## Vendor Information

Primary Vendor (one name only) \_\_\_\_\_

Additional Vendor(s): \_\_\_\_\_

Name of farm or business (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary phone ( ) \_\_\_\_\_ Secondary phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

List any Stand Assistants – Stand Assistants are helpers who are not qualified Market vendors but who, as per the Contract, are allowed to assist vendor at Market.

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

## Production Location Information

List each location and products raised there (attach additional sheets, if needed, including all of the information below). If additional locations and/or products are added during the Market season, vendor must notify Market staff in writing and get approval prior to using land and/or selling additional products. You may list this location as "same as above" if applicable.

**1<sup>st</sup> Location:** Address (or location description) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Size of area in production:** \_\_\_\_\_ acres

**List primary products you expect to raise at this location in 2016:** \_\_\_\_\_

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

**Owner of production location if different than primary vendor.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Land is rented \_\_\_\_\_ leased \_\_\_\_\_ other (explain) \_\_\_\_\_

For Office Purposes Only: Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Notification \_\_\_\_\_

2<sup>nd</sup> Location: Address (or location description) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Size of area in production: \_\_\_\_\_ acres

List primary products you expect to raise at this location in 2016: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner of production location if different than primary vendor.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Land is rented \_\_\_\_\_ leased \_\_\_\_\_ other (explain) \_\_\_\_\_

**Greenhouses:** Location (1, 2 or on additional sheet), size and number of greenhouses, hoop houses or high tunnels:

\_\_\_\_\_

\_\_\_\_\_

**Animals:** (For meat, dairy, egg, pet food and soap Vendors) Location (1, 2 or on additional sheet), number and type of animals you currently keep for Market purposes. **Note:** Egg Vendors are required to provide a copy of their State Egg Board license.

\_\_\_\_\_

\_\_\_\_\_

**Collected/Gathered Items:** Identify the location(s), if applicable, where items are collected or gathered and attach permission of property owner where gathered, if necessary. \_\_\_\_\_

\_\_\_\_\_

**Apiaries:** List number of apiaries, by county, and total # of hives, on average, kept for Market vending purposes:

\_\_\_\_\_

**GMO Products:** Indicate which of the following GMO crops you plan to grow during the 2016 season. See page 4 of the Handbook for information on the requirement to label GMO produce.

- |   |  |   |                               |
|---|--|---|-------------------------------|
| <input type="checkbox"/> Sweet Corn<br>Syngenta Attribute lines<br>Seminis (Obsession II, Passion II,<br>SV9010SA, and Temptation II) | <input type="checkbox"/> Zucchini<br>Seminis (Judgement III,<br>Justice III, and SV6009YG) | <input type="checkbox"/> Yellow squash<br>Seminis (Conqueror III, Destiny III,<br>Prelude II, and XPT 1832 III) | <input type="checkbox"/> None |
|---|--|---|-------------------------------|

**Tell us where you sell your farm products & the approximate % sold there.** Ex: Bloomington Community Farmers' Market 50%

Location		Percent
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
<b>Total =</b>		<b>100%</b>

**Farm Tours:** The Market organizes a summer and fall farm tour. Would you be interested in potentially hosting a farm tour?  
Yes  No

**Permission:** Would you give the City permission to release your name, address, phone number, e-mail and other farm related information to be posted on the City Web site and given to people interested in contacting you? Yes  No

**Senior Discount:** In order to receive the Senior Discount, all vendors and stand assistants on contract need to be 60 years of age or older. Do you qualify? Yes  No

**This Agreement is effective upon approval of Market staff. Notification of approval or denial to sell will be issued to new vendors and declined applicants only.**

\_\_\_\_\_  
Primary Vendor's Signature

\_\_\_\_\_  
Date