

2017 Retail Food Vendor Application

Contact Name: _____

Business Name: _____

Mailing Address: _____

Farm Address: _____

Phone Number(s): _____

Email: _____

Website: _____

How should customers contact you: Phone Email Website

Years in Operation or Founding Year: _____

Food Manufacturer: _____

Address of Manufacturer: _____

Employee Name(s): _____

Kansas Sales Tax # _____

Can you take credit cards? Yes No Do you require electricity? Yes No

Space Requested 12' X 15' OR 12' X 25'

Detailed directions to your Workshop:

Please list the products you would like to sell at the City Market

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

In an effort to better connect Market customers to you, please write a short biography or description of your farm or business. This information may appear on media designed to promote the Bonner Springs Farmers' Market.

No guarantee of exclusivity of products are made or implied.

Please attach a copy of all required documents. (Insurance, Licenses etc.)

Vendor's signature on this document verifies that the vendor has received, carefully read, understands, and agrees to all provisions in the 2017 Market Policies.

Signature: _____

Date: _____