

The Village Farmers Market Vendor Information

Name: _____

Email: _____ Phone: _____

GAP (Good Agricultural Practice) Training Certificate Date: _____

Farmers Market Nutrition Program Training date: _____

Cottage Food Producer Certificate #: _____

Retail Mobile License for prepared foods #: _____

Farmers' Market Insurance (not required but encouraged) #: _____

Meat, Poultry, Fish, Dairy: Conversation with Market Manager.

Open Food Network Interest. Will you sell wholesale to schools, grocery, health care? _____

Participate in a CSA (Community Supported Agriculture) Market Share Boxes? _____

Chef Demo/Sampling Food? _____

Date(s) preferred: _____

Perform music/dance? _____

Date(s) preferred: _____

Demo Craft?Art? _____

Date(s) preferred: _____

MN tax id on file (Sales tax due in early Feb every year) _____

ST-19 on file _____

Agree to the Code of Conduct rules on The Village Agricultural Cooperative website _____