



Farmers Market Vendor Registration Form 2011

Vendor Information: Please print clearly!

Business Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Cell Phone #: _____ Company Website: _____
 Social Security #: _____ Sales Tax #: _____

Unit Size Request: _____ size in feet Electric: No Yes # _____ amps

Producer Classification: Certified Organic # _____
 Chemical Free Conventional

Certification Information: I am certified thru _____ (Date) Cert #: _____

Program Participation: WIC/Senior (Must participate for 11 consecutive weeks to qualify)
 EBT

Sales: Check all that apply in every category!!!!!!

Vegetable Sales:

- | | | | | |
|---------------------------------------|---|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Beans | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Cabbage |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Celery | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Eggplant |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Leeks | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Onions | <input type="checkbox"/> Peppers | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Pumpkins | <input type="checkbox"/> Radishes |
| <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Spinach | <input type="checkbox"/> Squash | |
| <input type="checkbox"/> Sweet Corn | <input type="checkbox"/> Sweet Potatoes | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Turnips | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Other: _____ | | | | |

Fruit Sales:

- | | | | |
|---------------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Apricots | <input type="checkbox"/> Aronia Berries | <input type="checkbox"/> Blueberries |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Cherries | <input type="checkbox"/> Grapes | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Pears | <input type="checkbox"/> Plums | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Watermelons | | | |
| <input type="checkbox"/> Other: _____ | | | |

Herb Sales:

- | | | | |
|---------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Dill | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Oregano | <input type="checkbox"/> Basil |
| <input type="checkbox"/> Thyme | <input type="checkbox"/> Rosemary | <input type="checkbox"/> Chives | <input type="checkbox"/> Parsley |
| <input type="checkbox"/> Other: _____ | | | |

Licensed Meat Sales: (Must be from a certified State or Federal Facility & Health Dept Permit)

- | | | | |
|---------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Poultry | <input type="checkbox"/> Lamb | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Other: _____ | | | |



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Licensed Dairy Sales: (Must be from a certified State or Federal Facility)

- Milk Cheese Butter Cream
 Other: _____

Egg Sales: (Health Dept Regulated)

- Chicken Duck Goose
 Other: _____

Licensed Food Sales: (Must be from a certified cannery and/or health inspected)

- Processed/canned foods (except jam & jellies)

Name all: _____

- Foods prepared for immediate consumption

Name all: _____

- Hazardous baked goods

Name all: _____

Licensed Beverage Sales: (Must be from a licensed bottler)

- Wine Soda/Pop Water

Other: _____

Non Licensed Baked Goods Sales:

- Pies Cookies Bars Coffee Cakes Cobblers Bread
 Pastries Rolls Buns

Other: _____

Unregulated Other Sales:

- Jams & Jellies

- Plants - fresh flowers

Name all: _____

- Crafts/art

Name all: _____

- Food related commercial items

Name all: _____

- Other:

Name all: _____

Non-Vendor Exhibitor:

What are you exhibiting? _____



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Sales Information:

First Day you will be selling: _____ (xx/xx/2011)

Last day you will be selling: _____ (xx/xx/2011)

Easy Dates: I will be there every Wed &/or Saturday during dates listed above. Hours are 8Am-1PM.

Or

Please Give Specific Dates You Will Be Attending:

- | | | | | |
|--------------|---|------------------------------------|------------------------------------|--|
| May: | <input type="checkbox"/> Wed 5/4 | <input type="checkbox"/> Sat 5/7 | <input type="checkbox"/> Wed 5/11 | <input type="checkbox"/> Sat 5/14 |
| | <input type="checkbox"/> Wed 5/18 | <input type="checkbox"/> Sat 5/21 | <input type="checkbox"/> Wed 5/25 | <input type="checkbox"/> Sat 5/28 |
| June: | <input type="checkbox"/> Wed 6/1 | <input type="checkbox"/> Sat 6/4 | <input type="checkbox"/> Wed 6/8 | <input type="checkbox"/> Sat 6/11 |
| | <input type="checkbox"/> Wed 6/15 | <input type="checkbox"/> Sat 6/18 | <input type="checkbox"/> Wed 6/22 | <input type="checkbox"/> Sat 6/25 |
| | <input type="checkbox"/> Wed 6/29 | | | |
| July: | <input type="checkbox"/> Sat 7/2 | <input type="checkbox"/> Wed 7/6 | <input type="checkbox"/> Sat 7/9 | <input type="checkbox"/> Wed 7/13 |
| | <input type="checkbox"/> Sat 7/16 | <input type="checkbox"/> Wed 7/20 | <input type="checkbox"/> Sat 7/23 | <input type="checkbox"/> Wed 7/27 |
| | <input type="checkbox"/> Sat 7/30 | | | |
| Aug: | <input type="checkbox"/> Wed 8/3 | <input type="checkbox"/> Sat 8/6 | <input type="checkbox"/> Wed 8/10 | <input type="checkbox"/> Sat 8/13 |
| | <input type="checkbox"/> Wed 8/17 | <input type="checkbox"/> Sat 8/20 | <input type="checkbox"/> Wed 8/24 | <input type="checkbox"/> Sat 8/27 |
| | <input type="checkbox"/> Wed 8/31 | | | |
| Sept: | <input type="checkbox"/> Sat 9/3 | <input type="checkbox"/> Wed 9/7 | <input type="checkbox"/> Sat 9/10 | <input type="checkbox"/> Wed 9/14 |
| | <input type="checkbox"/> Sat 9/17 | <input type="checkbox"/> Wed 9/21 | <input type="checkbox"/> Sat 9/24 | <input type="checkbox"/> Wed 9/28 |
| Oct: | <input type="checkbox"/> Sat 10/1 | <input type="checkbox"/> Wed 10/5 | <input type="checkbox"/> Sat 10/8 | <input type="checkbox"/> Wed 10/12 |
| | <input type="checkbox"/> Sat 10/15 | <input type="checkbox"/> Wed 10/19 | <input type="checkbox"/> Sat 10/22 | <input type="checkbox"/> Wed 10/26 |
| | <input type="checkbox"/> Sat 10/29 | | | |

Please note days in Bold. They are holiday weekends!

Please Return This Form To:

**Buy Fresh Buy Local – Siouxland, Inc.
505 Fifth Street, Suite 200
Sioux City, IA 51101**

If you have any questions, please call Dee @ 605-422-1816 or 712-253-9503