

2024 Indoor Farmers' Market Application

Tuesday, November 19 | Saturday, December 14 3:30 – 6:30 pm | 9 am - noon

Mail Application To:

City of Shoreview | Indoor Farmers Market
Attn: Market Manager
4580 Victoria Street North, Shoreview, MN 55126
OR

Email: sschutta@shoreviewmn.gov

- Applications not filled out completely will not be considered and returned back to applicant
- 2. Only one applicant per household will be allowed. Any household applying under multiple names will not be considered.
- 3. Full payment must be submitted with this application. If vendor is not accepted into the Market a full refund will be submitted back to vendor.

Each Vendor will be provided with one 8ft table & two chairs.

Deadline for completed applications		
Market – November 19	November 8	
Market – December 14	December 4	

Once a vendor is accepted, the fee is non-refundable.

C	Office Use Only
Date	e Received
Check/Mo	CC Cash
Amount Pd	
Electric Ne	eeded Paid

Primary Seller Name (First/Last): List additional sellers and indicate relationship to primary seller:					
Name of additional seller			orimary seller		
Mailing Address:					
City:					
Farm, Garden, or Business Address (if different from above	e) <u>:</u>				
Business/Home Phone: ()	Cell Phor	ne: ()		
E-Mail:	Website:				
MN Sales Tax ID Number (if applicable):					
	the appropria	ate bo			
MN Sales Tax ID Number (if applicable): Nature of Business – I am a/an (check the same): Farmer, I produce (please check all that apply):	the appropria	a te bo Organi	exes below): c (attach copies of		
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MN Sales Tax ID Number (if applicable): Nature of Business – I am a/an (check to sale that apply): Farmer, I produce (please check all that apply): Fruits and/or Vegetables Meat, Dairy, and/or eggs Grains and or legumes Nursery Plants Do you grow/produce ALL your items?	Che appropria Certified certificati Other (ple	a te bo Organi	exes below): c (attach copies of uments) ecify):		
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□ December 14 (\$20)

□ November 19 (\$20)

Vendor Publicity:We want to promote our vendors! We are always updating our website, marketing

materials, newsletters, and planning Market. Please, check the pieces of i the public.	nformation below that you would like to share with
We will not share any information th ☐ Your Farm or Business name ☐ Your Farm or Business locatio ☐ Your Phone Number	Your Email Address
Product Availability List:	
Items not listed may not be sold. If a	at the market. Add an additional page if necessary. pplication is accepted, any additions to items sold annot be sold until approved by market staff.
Please check:	
	by all City of Shoreview 2024 Indoor Farmers Market
☐ I understand that, once I receive is non-refundable.	written confirmation of my acceptance, the season fee
damage of any kind to either t	ew are not liable for any injury, illness, theft, loss, or he buyer or seller, or their property, arising out of or participation in, or use or consumption of products Shoreview Farmers Market.
	nded that I carry my own general liability and product Shoreview does not provide this coverage.
the Shoreview Farmers Market fo	tures and videos of people participating in/attending or use in marketing and promotional purposes. I grant tures, videos and quotes of my employees and me for
The following forms are REQUIRED	to complete the application:
☐ Completed Application	
\square MN Department of Revenue Form	n ST-19
☐ Copy of General Liability Insurance	ce
☐ Photo of your booth/product/disp	olay (New Applicants Only)
·	lete information or failure to include all forms could delay plicants will be returned in their entirely to the vendor.
Primary Seller Signature	Date