

Dragonspunk GRO Farmers’ Market Vendor Application

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | Last Name | |  | | | |
| Business/Organization Name | |  | |  | | |  | |
| Mailing /Billing Address | |  | |  | | |  | |
| County and State | |  | | | |  |  |

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| --- | --- | --- | --- |
| Business Owner First Name |  | Business Owner Last Name |  |

How do the owner or owners of the business self-identify? Please check all that apply. These questions allow us to ensure our markets reflect the diversity of the food and farming communities.

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| Business Phone |  |
| Cell Phone |  |
| Email |  | |

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| --- | --- |
| Preferred Method of Contact |  |

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| --- | --- |
| Emergency Contact Name |  |
| Contact Info |  |

|  |  |
| --- | --- |
| Website |  |
| Instagram |  |
| Facebook |  |

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| --- | --- | --- | --- |
| Certified Producer’s Certificate Number | | |  |
| Expiration Date |  |

Business Ownership

Please check all that apply

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| --- | --- | --- | --- |
| Family Owned | Limited Liability Partnership | Corporation | Other |

Vendor Category

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| How long has the business existed? |  |
| Describe the business (5 sentences) |  |

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| Including yourself, how many people work year-round for your business? |  |
| Including yourself, how many people work year-round for your business? (149 days or less) |  |

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| --- | --- |
| Are you Certified Organic? |  |

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| --- | --- |
| How much frontage space would you like? |  |

DGʼs mission is to educate, inspire, and connect communities, responsible farmers, and producers as part of a healthy, Earth-friendly, equitable local and regional food system.

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| How does your business align with DG's mission? (5 sentences) |  |

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| Please list all of your current sales outlets (farmers markets, retail, wholesale, e-commerce, etc.): |  |

Please list all the products you would like to sell. Farmers, please specify variety of product when possible and specify dates of availability e.g. Carrots/Nantes Carrots/May - Oct.

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| --- | --- | --- |
| Product | Variety | Dates of Availability |

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| Product | Variety | Dates of Availability |

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| Product | Variety | Dates of Availability |

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| Product | Variety | Dates of Availability |

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If you need insurance, we recommend: Campbell Risk Management

9595 Whitley Drive #204

Indianapolis IN 46240

(317) 848-9075 ext. 203

www.campbellriskmanagement.com

You will need an Insurance Certificate of Liability Insurance including Additional Insured Endorsement Page (The insurance endorsement page should name Dragonspunk GRO as additional insured, please use the following address for our business: 1459 18th St, Suite 223, San Francisco, CA 94134)

If you do have Insurance, please enter the policy number and expiration date below.

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| --- | --- | --- |
| Policy Number | |  |
| Expiration Date |  |

This document confirms your understanding of and agreement to each of the terms and conditions set out in the Dragonspunk GRO Farmers Markets Rules and Regulations (the “Rules”).

Your entry into this agreement and your continued compliance with the Rules is a requirement for participation in any Dragonspunk GRO (DG) Market. The Rules will be available online and available in hard copy from DG upon request.

By accepting below, the applicant confirms that the applicant:

a) Have read the Rules.

b) Understands that compliance with the Rules is a requirement of continued participation in a DG Market and that failure to comply may result in disciplinary action including removal from the Market c) Understands that the Rules address multiple topics, including participant selection, product offerings, reselling, set up and departure, health and safety, Market conduct, permits, insurance, actions detrimental to the Market, discipline, and expulsion.

d) Understands that the Rules allow DG to conduct audits of the applicants’ stall, farm/ranch and other facilities, and consents to such audits and to disclosure of the audit results.

e) Understands that the Rules include provisions relating to liability, including provisions under which the applicants agrees to maintain insurance, indemnify DG from liability, and waive and release DG from liability.

f) Confirms that the information contained in the application and other statements made to DG are accurate and complete.

g) Confirms that, if signing on behalf of a Corporation, Limited Liability Company, Partnership, or other legal entity, the applicant has the legal capacity and authorization to enter this agreement on behalf of that entity.

h) Accepts and agrees to comply with all of the provisions of the Rules.

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| Applicant Name |  | |
| Signature |  | |
| Date: |  |