



# 2020 Farm 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: \_\_\_\_\_

# Years at Bonner Springs Farmers' Market: \_\_\_\_\_

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 ☐ 20' X 25'

Type of Business and Growing Practice: (mark all that apply)

<input type="checkbox"/> Fruits	<input type="checkbox"/> Meat/Poultry	<input type="checkbox"/> Bakery	<input type="checkbox"/> Honey	<input type="checkbox"/> Processed Food	<input type="checkbox"/> Pet Treats/Food
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Fish/Seafood	<input type="checkbox"/> Dairy	<input type="checkbox"/> Seeds	<input type="checkbox"/> Livestock Sales	<input type="checkbox"/> Alcoholic Beverage
<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Eggs	<input type="checkbox"/> CSA	<input type="checkbox"/> Certified Organic	<input type="checkbox"/> Nursery/Plants

**PLEASE SEE REVERSE SIDE**

## 2020 Farm Vendor Application (continued)

### Detailed directions to your farm:

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In an effort to better connect Market customers, 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.

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Please list all the produce and/or products you intend to grow and sell during the 2020 Market season.

Attach additional pages as necessary. **These should only be produce grown or products made on your farm.**

[illegible]

## 2020 Farm Vendor Application (continued)

Please list any items that will be supplemented, including the name, address, and phone number of where items will be grown and/or purchased. All items must be grown within a 200-mile radius of the Bonner Springs Farmers' Market. Attach additional sheets as necessary.

Product(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Product(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Product(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Farm Address: \_\_\_\_\_

**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 2020 Market Policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For BSFMA Use Only

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☐ Approved

Approval Date: \_\_\_\_\_

☐ Paid

☐ Check

☐ Cash

☐ Card

Payment Amount: \$\_\_\_\_\_ Payment Date: \_\_\_\_\_

# Bonner Springs Farmers' Market Association

## 2020 Membership Form



The Bonner Springs Farmers' Market Association has been formed to provide locally grown fresh foods, farm products and local producer value-added products to the citizens of Wyandotte County and surrounding areas, and to encourage commerce, entertainment and trade in downtown Bonner Springs, KS.

### **Please Print:**

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Landline Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website if Applicable: \_\_\_\_\_

How would you like the BSFMA to contact you: Please Check Appropriate Box

☐

Phone

☐

Email

☐

Text Message

\_\_\_\_\_ For BSFMA Use Only \_\_\_\_\_

☐

Paid \$20 Dues:

☐

Check

☐

Cash

☐

Card

☐

Vendor Application Included

**Payment Date:** \_\_\_\_\_

# Double Up Food Bucks Kansas City

## Vendor Agreement (Token) – 2020 season



SIGNED CONTRACT MUST BE ON FILE PRIOR TO REIMBURSEMENT

This agreement by and between (Market Name) \_\_\_\_\_

and (Vendor Business Name) \_\_\_\_\_

whose address is \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

zip \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Agreement is effective during the Double Up Food Bucks Kansas City (DUFBC) program season in 2020 at the Market (above). This agreement authorizes the Vendor (above) to accept Double Up Food Bucks Kansas City (Double Up) tokens at the specified market from authorized SNAP participants in exchange for unprocessed, locally-grown, fresh fruits, vegetables or food-bearing plants, in accordance with market and program guidelines.

### **SECTION I BY SIGNING THIS AGREEMENT, THE VENDOR AGREES TO:**

1. Display approved signage, provided by the farmers' market or Cultivate Kansas City, indicating the Vendor accepts SNAP and Double Up tokens.
2. Provide only unprocessed locally-grown, fresh fruit and vegetables or food-bearing plants in exchange for Double Up tokens.
3. Not give change for purchases made with Double Up tokens.
4. Provide fruits and vegetables at the current price or less than the current price charged to other customers.
5. Not allow the return of product purchased with Double Up tokens in exchange for cash or non-food items.
6. Be monitored by the farmers' market or Cultivate Kansas City for program compliance.
7. Not provide cash or credit in exchange for Double Up tokens.
8. Not accept Double Up tokens for ineligible items.
9. Accept Double Up tokens from customers only during market days and hours.
10. Turn in all redeemed tokens to the farmers' market for reimbursement, in accordance with market and program guidelines.

### **SECTION II THE MARKET AGREES TO:**

1. Collect from the Vendor redeemed Double Up tokens and to account for and pay the Vendor for any tokens received between January 1st and October 31st, 2020 or the market's closing day, whichever is earlier.
2. Provide appropriate signage for the Vendor to display indicating the Vendor accepts SNAP and Double Up tokens.
3. Monitor sales to ensure program guidelines are followed.
4. Submit signed agreement to Cultivate Kansas City upon request.

### **SECTION III SANCTIONS**

A Vendor and/or his/her employees, who violate the provisions above, may be disqualified from the program, and not allowed to participate in future programs. The Market will only reimburse a Vendor for Double Up tokens accepted in accordance with market and program guidelines.

### **SECTION IV CERTIFICATION:**

The Vendor, through signature below, accepts all terms of this agreement. This agreement becomes valid only upon signature.

VENDOR: \_\_\_\_\_

Name (type or print)

Signature

Date