



## 2021 Retail Food Vendor Application

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

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

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

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Website: \_\_\_\_\_

How should customers contact you: ☐ Phone ☐ Email ☐ Website

# Years in Operation or Founding Year: \_\_\_\_\_

Food Manufacturer: \_\_\_\_\_

Address of Manufacturer: \_\_\_\_\_

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'

Detailed directions to your place of preparation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the products you would like to sell at the Market.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

In an effort to better connect Market customers to you, please write a short biography or description of your business. This information may appear on media designed to promote the Bonner Springs Farmers' Market.

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**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 2021 Market Policies.**

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

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

☐ Approved

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

☐ Paid

☐ Check

☐ Cash

☐ Card

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



# Bonner Springs Farmers' Market Association

## 2021 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

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For BSFMA Use Only

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☐

Paid \$20 Dues:

☐

Check

☐

Cash

☐

Card

☐

Vendor Application Included

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