



2025 Art & Craft 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

Do you take SNAP/DUFB, KSFMNP, CKC Double Up Coupon, Vaughn-Trent Vouchers, or others: ☐ Yes ☐ No

How do you want checks made out to you (Business Account):

Space Requested: ☐ Underneath ☐ 4 Corners ☐ Outside

Single or Double: ☐ Double OR ☐ Single

Detailed directions to your Workshop:

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

- 1. _____
- 2. _____
- 3. _____

Please describe specifically which steps of production you do by hand:

- 1. _____
- 2. _____
- 3. _____

In an effort to better connect Market customers to you, 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.

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 2025 Market Policies.

Signature: _____ **Date:** _____

_____ **For BSFMA Use Only** _____

☐ Approved Approval Date: _____

☐ Paid ☐ Check ☐ Cash ☐ Card

Payment Amount: \$ _____ Payment Date: _____



Bonner Springs Farmers' Market Association

2025 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: _____