

## **2019 Farm Winery Application**

Contact Name:
Business Name:
Mailing Address:
Winery 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′
Detailed directions to your Winery:

Please list the products you would	like to sell at the Market
1	
2	<del></del>
3	<del></del>
4	
5	
6	
7	
In an effort to better connect Mar	ket customers to you, please write a short biography or description of yo
farm or business. This information	n may appear on media designed to promote the Bonner Springs Farmer
Market.	, , , , , , , , , , , , , , , , , , ,
ividi ket.	
	<del></del>
	products are made or implied.
•	uired documents. (Insurance, Licenses etc.)
Ü	cument verifies that the vendor has received, carefully read, provisions in the 2019 Market Policies.
Signature:	Date:
	For BSFMA Use Only
Approved	Approval Date:
Paid	Check Cash Card
Payment Amount: \$	Payment Date:

## Bonner Springs Farmers' Market Association 2019 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 DSEMA, Use Only
For BSFMA Use Only————
Paid \$20 Dues: Check Cash Card  Vendor Application Included

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