



2019 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

2019 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 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 BSFMA Use Only

Paid \$20 Dues: Check Cash Card

Vendor Application Included

Payment Date: _____

Double Up Food Bucks Kansas City

Vendor Agreement (Token) – 2019 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 (DUFBKC) program season in 2019 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, 2019 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