



DOWNTOWN EXCELSIOR PARTNERSHIP

PO Box 513, Excelsior Springs, MO 64024
816-522-4362

FARMER/VENDOR APPLICATION

Contact Name _____

Farm/Business Name _____

Address (city, state, zip) _____

E-mail _____ Website _____

Phone _____ Fax _____ Cell _____

Emergency Contact _____ Phone _____

Business Type (check all that apply) Fruit/Vegetables ____ Dairy ____ Fish ____ Meat ____

Baked Goods ____ Prepared Foods ____ Nursery Products ____ Eggs ____

Herbs (dried or cut) ____ Other _____

List of products to be sold at the market _____

Time of year you will be at the market (months) _____

Farmers: Growing practices: Certified Organic ____

Practicing sustainability (non certified organic) ____ Conventional (use synthetic chemicals) ____

All other vendors: Please list any local or Missouri/Kansas grown ingredients used in your products

List full names of family members or employees who may sell for you: _____

I, the vendor, understand that participating is \$20 for the 2011 season or \$5 per time. It is understood that once committed to participate in the market for the season, I will faithfully participate each week. I understand that I must hold the appropriate licenses and permits for my product as dictated by the local, state and federal government and will collect all sales tax. I understand that I am responsible for the quality and safety of what I sell.

Vendor Signature

Date

The market is located at the public parking lot at the intersection of Broadway and Elizabeth Streets in downtown Excelsior Springs.