



# Produce in the Park Vendor Application 2016

Please complete all sections and return the application form with your vendor fee.

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

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Website/Facebook page: \_\_\_\_\_

## 1. What will you sell at the Market? *(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Organic Produce | <input type="checkbox"/> All Natural Produce |
| <input type="checkbox"/> Produce                   | <input type="checkbox"/> Flowers             |
| <input type="checkbox"/> Baked Goods               | <input type="checkbox"/> Bedding Plants      |
| <input type="checkbox"/> Artwork                   | <input type="checkbox"/> Crafts              |
| <input type="checkbox"/> Other _____               |  |

## 2. I prefer the following type of vendor stall *(pick one)*:

- Green Space                       Curbside
- I am a previous year vendor and would like to retain the space I had last year.  
*(Spaces available at the discretion of market facilitator)*

## 3. Vendors under 18 years of age only:

- I would like to apply for a Young Entrepreneur Scholarship  
*(Previous year scholarship recipients are not eligible to apply)*

## 4. Attendance *(pick one)*:

- I plan to attend **ALL** market dates.
- I plan to attend **SOME** market dates. The dates I **WILL NOT ATTEND** are *(please list)*:
-

**5. I certify that I have made, grown or produced all the items I will be selling at Produce in the Park and have obtained the required licenses and permits to sell at the market. (On-site food vendors excepted from producing items.)**

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

**6. Contamination Affidavit**

The undersigned vendor states that all products offered for sale by this vendor at the 2016 Produce in the Park are free of contamination from chemical residues and bacterial sources.

The undersigned vendor further states that all pesticides used in the production of items offered for sale by this vendor have been applied in accordance with the current rules of the US Environmental Protection Agency, US Food and Drug Administration and the Iowa Department of Agriculture.

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

**7. I certify that I have successfully completed the Farmers' Market Food Safety Training OR GAP Training. (crafters and artisans excluded)**

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

**8. Hold Harmless Agreement**

I do hereby WAIVE, RELEASE AND DISCHARGE any and all rights and claims for expenses, damages or other losses which I may have or which I may incur against the 2016 Produce in the Park board members, staff, volunteers, the City of Atlantic and/or their associates, and hold them harmless of any and all liability. It is requested that all vendors carry their own liability insurance.

I have my own insurance (check one):       Yes       No

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

**Please mail/email your completed vendor application and \$60 vendor registration fee by May 27, 2016 to:**

**Produce in the Park  
c/o Susan Retz  
Complementary Care Health & Wellness  
201 Linn Street  
Atlantic, IA 50022**

**susan@compcarehealth.com**