



2024 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	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Eggs	<input type="checkbox"/> CSA	<input type="checkbox"/> Certified	<input type="checkbox"/> Nursery/Plants

2024 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 2023 Market Policies.

Signature: _____ **Date:** _____

For BSFMA Use Only

Approved

Approval Date: _____

Paid

Check

Cash

Card

Payment Amount: \$ _____ Payment Date: _____

Bonner Springs Farmers' Market Association

2024 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: _____

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