



# 2020 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**



## 2020 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 2020 Market Policies.**

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

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For BSFMA Use Only

Approved

Approval Date: \_\_\_\_\_

Paid

Check

Cash

Card

Payment Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

# Bonner Springs Farmers' Market Association

## 2020 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

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### For BSFMA Use Only

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Paid \$20 Dues:  Check  Cash  Card

Vendor Application Included

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



# Double Up Food Bucks

## Vendor Agreement (Token) - 2020

SIGNED CONTRACT MUST BE ON FILE FOR REIMBURSEMENT

This agreement by and between: Bonner Springs Farmers' Market Association

And (Vendor Business Name):

Address:

Phone:

Email:

Is effective during the Double Up Food Bucks program season in 2020 at the Market (above). This agreement authorizes the Vendor (above) to accept Double Up Food Bucks tokens at the specified market from authorized SNAP Card participants in exchange for unprocessed locally-grown, fresh fruits and vegetables, in accordance with market and program guidelines.

### **SECTION I BY SIGNING THIS AGREEMENT, THE VENDOR AGREES TO:**

1. Display a sign, provided by the farmers market, indicating the Vendor accepts Double Up Food Bucks tokens.
2. Provide only unprocessed locally-grown fresh fruit and vegetables in exchange for Double Up Food Bucks tokens.
3. Prove, upon request, that all product provided in exchange for Double Up Food Bucks tokens was grown in Kansas or Missouri (or local as defined by the Market).
4. Not give change for purchases made with Double Up Food Bucks tokens.
5. Provide fruits and vegetables at the current price or less than the current price charged to other customers.
6. Not allow the return of product purchased with Double Up Food Bucks tokens in exchange for cash or non-food items.
7. Be monitored by the farmers market or Double Up Heartland for program compliance.
8. Not provide cash or credit in exchange for Double Up Food Bucks tokens.
9. Not accept Double Up Food Bucks tokens for non-food items.
10. Not charge sales tax on purchases with Double Up Food Bucks tokens.
11. Accept Double Up Food Bucks tokens from customers only during the market season.
12. Turn in all redeemed tokens to the farmers market for reimbursement in accordance with market and program guidelines. It is preferred that tokens be turned in for reimbursement on a weekly, or at least monthly basis. Please do not hold on to tokens, submit them for reimbursement as often as the market allows.
13. Submit all tokens for repayment by the last market day for seasonal markets or December 31, 2020 for year-round markets

**SECTION II THE MARKET AGREES TO:**

1. Collect from the Vendor redeemed Double Up Food Bucks tokens and to account for and pay the Vendor for any tokens received.
2. Provide a sign for the Vendor to display indicating the Vendor accepts Double Up Food Bucks tokens.
3. Monitor sales to ensure program guidelines are followed.
4. Submit signed agreement to Double Up Heartland 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. A Vendor will only be reimbursed by the Market for Double Up Food Bucks 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.

\_\_\_\_\_

Name (type or print)	Signature	Date
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