



2025 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

Do you take SNAP/DUFB, KSFMNP, CKC Double Up Coupon, Vaughn-Trent Vouchers, or others: ☐ Yes ☐ No

How do you want checks made out to you (Business Account):

Space Requested: ☐ Underneath ☐ 4 Corners ☐ Outside

Single or Double: ☐ Single OR ☐ Double

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

Detailed directions to your farm:

In an effort to better connect Market customers, please write a short biography or description of your farm or business. This information may appear on media designed to promote the Bonner Springs Farmers' Market.

Please list all the produce and/or products you intend to grow and sell during the Market season.

Attach additional pages as necessary. **These should only be produce grown or products made on your farm.**

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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 2025 Market Policies.

Signature: _____ **Date:** _____

For BSFMA Use Only

☐ Approved

Approval Date: _____

☐ Paid

☐ Check

☐ Cash

☐ Card

Payment Amount: \$ _____ Payment Date: _____



Bonner Springs Farmers' Market Association

2025 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: _____