



# 2020 Farm Winery Application

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

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Winery 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'

Detailed directions to your Winery:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the products you would like to sell at the Market

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

In an effort to better connect Market customers to you, 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.

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**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

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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:** \_\_\_\_\_