



2020 Retail Food Vendor Application

Contact Name: _____

Business Name: _____

Mailing Address: _____

Business Address: _____

Phone Number(s): _____

Email: _____

Website: _____

How should customers contact you: Phone Email Website

Years in Operation or Founding Year: _____

Food Manufacturer: _____

Address of Manufacturer: _____

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 place of preparation:

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

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

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: _____

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

For BSFMA Use Only

Paid \$20 Dues: Check Cash Card

Vendor Application Included

Payment Date: _____