



College View Neighborhood Association Farmers' Market 2017 Vendor Application

The mission of the College View Neighborhood Association (CVNA) Farmers' Market is to foster a sense of community and provide neighborhood residents local, fresh, nutritious food products.

The CVNA Farmers' Market is held each Wednesday, 4 – 7 p.m. from June 1 to August 31 in the College View Church parking lot, 4801 Prescott Avenue.

Applications must be postmarked or emailed on or by May 1, 2017. Copies of applicable permits and payments must also be postmarked on or by May 1, 2017.

Be sure to send us a copy of all applicable permits as we are required to have these at the info booth on market days.

APPLICATION CHECKLIST

- _____ Application
- _____ Fee Payment
- _____ Property & Product Liability Insurance Certificate (required for ALL vendors)
- _____ Signed Market Agreement (Page 6)
- _____ Food Handling License (if applicable)
- _____ Food Processing Certifications (if applicable)
- _____ Food Establishment Permit (if applicable)
- _____ Nursery Grower's License (if applicable)
- _____ Health Department Licenses/Permits/Certifications (if applicable)

Mail or email original to:

Tracy Corr
1001 S. 37th Street
Lincoln, NE 68510
tlines24@hotmail.com

I. CONTACT & BUSINESS INFORMATION

Business Name _____

Contact Person(s) _____

Address _____

City _____ State _____ Zip Code _____

Business or Farm Address (if different than above): _____

Cell Phone _____ Can you receive text messages? YES NO

Other Phone _____

Email _____

Website _____

Facebook Page Name _____

Other Social Media _____

Date Business was established (mm/yy) _____

Sales Tax Number (if applicable) _____

Liability Insurance Company and Policy # _____

Do you accept food stamps? YES NO SFMNP? WIC-FMNP?

Please list all Farmers' Markets where you are a vendor: _____

Please list other types of markets where you sell your products (retail/wholesale/out of state)

AND the average percentage of your sales for each type of market: _____

III. ATTENDANCE AND FEES

Weekly Vendors: circle the dates you plan to participate

Season Vendors: cross off any dates that you will not participate

June	7	14	21	28	
July	5	12	19	26	
August	2	9	16	23	30

STALL FEE:

Weekly Vendors: \$20 a week per stall

Season Vendors: \$200 per stall

Weekly Vendors \$20 X _____ weeks X # _____ stall(s)	\$
Season Vendors \$200 X # _____ stall(s)	\$
CVNA Annual Membership Fee	\$ 25
Lincoln/Lancaster County Health Department (LLCHD) PLACARD FEE for home bakers/processors (\$25 if applicable)*	\$
Grand Total	\$

*List the names to be included on your LLCHD Placard (all listed must have attended the vendor training on 2/25/2017 or have a food handler’s permit before a placard will be issued): _____

Stall Assignments

Rank below which stall space you prefer. (While every effort is made to honor requests, assigned spaces are based on the entire market’s needs. Priority is given to Nebraska food producers.)

1st choice stall number: _____

2nd choice stall number: _____

3rd choice stall number: _____

IV. PAYMENT

Payment Method (mark one)

_____ **Season or Weekly Vendor:** I am enclosing the **Grand Total** of \$ _____ with my application

_____ **Weekly Vendor:** I am enclosing my Membership and Permit Fees, plus one-half of my Stall Fee. I agree to pay the second half of my Stall Fee by July 12, 2017, or at least two weeks before the last date I will attend (if before July 12, 2017).

_____ **Season Vendor:** I am enclosing my Membership and Permit Fees, plus one-half of my Stall Fee. I agree to pay the second half of my Stall Fee by July 12, 2017.

Make checks payable to: College View Neighborhood Association

Payments must be postmarked on or by May 1, 2017 and mailed to:

Tracy Corr
1001 S. 37th Street
Lincoln, NE 68510

V. PERMITS, LICENSING & INSURANCE

All Vendors:

_____ Enclosed is a copy of my product liability insurance, in the amount of one million dollars (\$1,000,000) or more.

Baked and Processed Food Vendors (Farmers/Bakers/Concessionaires/Non-Famer Processors):

_____ Enclosed is a copy of my level four permit from LLCHD and licensed facility **—OR—**
_____ I am requesting a LLCHD Placard for home-bakers and the \$25 fee is included in my first installment.

Meat, Poultry and Fish Vendors:

_____ Enclosed are copies of all my permits.

Perennial Plants Vendors:

_____ Enclosed is a copy of my Nebraska Nursery License.

Artisans and Crafters:

_____ Enclosed are all required permits needed to sell my products as well as photos.

VI. MARKET AGREEMENT

I, the vendor, agree to indemnify and hold harmless the College View Neighborhood Association Farmers' Market and College View Church, its employees and volunteers from any and all causes of action which may arise from the operation of the College View Neighborhood Association Farmers' Market, not caused by negligence of the College View Neighborhood Association (CVNA) Farmers' Market or College View Church and their employees and volunteers. I acknowledge full responsibility for my activities at the (CVNA) Farmers' Market (and for those assisting me) throughout the term of this season's market, June 7 – August 30. I acknowledge the authority of the Market Manager and/or the CVNA Board of Directors to settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or removal from CVNA Farmers' Market, subject to appeal under the procedures set forth in the 2017 Rules and Regulations. I agree to allow the Market Manager, Board of Directors, and/or representatives of CVNA Farmers' Market to inspect the premises where the products are offered for sale are produced.

Furthermore, I grant permission for the CVNA Farmers' Market to use any photos, videotape, etc. taken of my products or me in any and all publicity and advertising promoting the CVNA Farmer's Market now or in the future.

By signing this Vendor Application, I acknowledge that the application has been read and understood and I will abide by the terms presented in the Vendor Rules and Regulations.

I certify that the information contained in this application is true and accurate.

Signed _____

Printed Name _____

Date _____

Emergency Contact Name _____ Phone Number _____