



Vendor Application 2024 Lanesboro Farmers Market



Saturdays 9 A.M. to Noon
May - October
Sylvan Park
Lanesboro, MN

Business / Farm Name: _____
 Primary Seller Name: _____
 Name of additional sellers: _____
 Mailing Address: _____ County: _____
 City: _____ State/Zip _____
 Business Phone: _____ Alt Phone: _____
 Email: _____ Website: _____

All items for sale must be grown, produced, or created by the vendor.

Please list all items that you plan to sell. Items not listed may not be sold without Market Manager permission.

If more space is needed please use a separate sheet.

Production/Growing Address _____

check box

if yes

Are your items ...

- Organic or Organically grown?
- Baked, Canned or Processed items?
- Nursery stock or perennials?
- Processd or cured meats?
- Wild Mushrooms?
- Crafts derived from Farm?
- Are you a member of MN Grown?

License or Cert./ Tax #

check if

Exempt

Membership Fees

*Membership fees are non-refunable after May 1st.

initial box

\$70 Seasonal Fee (before May 1st and/or a single event only)

\$100 Seasonal Fee (after May 1st and/or a special event only)

\$30 For an additional stall

All required paperwork needs to be turned in to market manger **2 weeks before selling**

Please return the following items.

Signed Application

Copies of Applicable licenses and Permits

Other Documents

Appropriate Payment

Total Amount Paid: _____

Check Number: _____

Please make checks payable to -----> **Lanesboro Farmers Market**

Mail Application to the Market Manager --->

Anita Bue

33971 State Hwy 30

Lanesboro, MN 55949

Phone 507-450-9659

email: habuejr@yahoo.com

I have read and understand the Lanesboro Farmers Market Policy and Procedures and Code of Ethics, agree to abide by them, and have received a copy of them. I understand that these rules may be amended from time to time and it is my responsibility to have the most current copy. I will leave my current mailing address with the manager so that I receive notice of changes and other necessary information about the operation of the Farmers Market.

I understand that failure to abide by the Policies and Procedures may result in my disqualification, and this vendor's disqualification, from participation in the Farmers market. I agree that as a market vendor I will comply with all state, federal, and local including but not limited to labeling, scale requirements, egg temperature, sales tax and health codes. I will act in good faith to assure that all my Farmers Market customers are satisfied with the products I sell at the Market. I, for myself and for the business or entity I represent, agree that the City as Farmers market sponsor is not responsible to me or my business for any loss to my business or property due to power surges or power spikes. If I or my agents do not comply with the requirements for stall clean up, I agree that the city may perform the necessary clean up tasks and I will pay the clean up surcharge assessed against me and my stall for the cost of such clean up.

Market Insurance covers the Farmers Market, not the individual vendors.

initial box

Must be in your stall by 8:45 a.m. or 15 minutes before market opens

No Early Sales

Signature: _____

Date _____