Vendor Application 2026-2027

Lanesboro Farmers Market And Makers Winter Market

2nd Saturday 9 A.M. to Noon
Dec- April
Sons of Norway
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 …	License or Cert./ Tax #	check if Exempt
☐	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?		

Membership Fees * Membership fees are non-refundable after Dec. 1st
$ 50 All Dates (before Oct. 30) $80 All Dates (after Oct. 30th)
Preference to previous Vendors
*****Space is Limited! One 6ft table provided per vendor. *** Vendor Space of 8ftx6ft**

initial box

☐	December	**12**	☐ Single Vendor spot $20 as available
☐	January	**9**	☐ Single Vendor spot $20 as available
☐	February	**13**	☐ Single Vendor spot $20 as available
☐	March	**13**	☐ Single Vendor spot $20 as available
☐	April	**10**	☐ Single Vendor spot $20 as available

Please return the following items.

☐ Signed Application ☐ Copy of Cottage Food Certificate (if needed)
☐ Copies of Applicable licenses and Permits ☐ Appropriate Payment

Total Amount Paid: _____ Check Number: _____

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

Mail Application to the Winter Market Liaison

Monica Ortner
20602 120th ST
Harmony, MN 55939
Email: mlortner@hotmail.com Phone: 507-273-4278

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.

Signature: _____ Date _____