**Virginia Market Square Farmers Market Membership Form**

**2024**

**FEES: $55 to join and $5 per week table fee, ($10 per week for occasional members) *OR* $135 joining fee with no table fees**

**Membership form required for participation**

**I.CONTACT INFORMATION**

**Vendor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City,State,Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell, if different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facebook page\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location(s) where product(s) are grown/raised/made IF different from above**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II.PRODUCTS AND PRODUCTION PRACTICES: CHOOSE THE ONES THAT APPLIES TO YOU, A-D, AND ANSWER AS BEST YOU CAN**

**A--Farmers & Growers**

**Farmers & Growers please check the products you plan to bring to the market**

**Fruits\_\_\_ Vegetables\_\_\_ Cut herbs\_\_\_ Cut flowers\_\_\_ Meat\_\_\_ Eggs\_\_\_**

**Poultry\_\_\_ Seafood\_\_\_ Dairy\_\_\_ Honey\_\_\_ Mushrooms\_\_\_ Rice\_\_\_**

**Bedding plants\_\_\_ Fiber\_\_\_ Other (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the space below, please briefly describe your growing practices and agricultural or other products used to enhance a)pest management, b)weed control, and c)soil amendments\*\***

**\*\**No vendors will be excluded from Virginia Market Square based on answers to these questions—these answers simply allow us to accurately represent the nature of our market and our vendors to the public.***

**Pest management**

**Weed control**

**Soil amendments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any of these certifications/memberships and, if so, how many acres are under certification/membership?**

|  | **Certified Organic** | **LSSFA member** | **Certified Biodynamic** | **Certified Naturally Grown** | **Other certifications/****memberships** |
| --- | --- | --- | --- | --- | --- |
| **Certified acres** |  |  |  |  |  |

**List Other certifications/memberships\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use *Integrated Pest Management Practices (IPM)*? \_\_\_\_\_Yes \_\_\_\_\_No**

**Do you grow and/or raise ALL products or ingredients that you plan to sell at the Virginia Market Square Farmers Market?\_\_\_\_\_\_ If no, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B-Producers of meat, fish, poultry, eggs, dairy:**

**Are your animals pasture-raised?\_\_\_\_\_\_\_\_ Kept indoors\_\_\_\_\_\_\_ Both\_\_\_\_\_\_**

**Please explain your pasture-based practices\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use any feed additives or injectables to supplement the animals’ normal**

**diet? \_\_\_\_\_\_\_\_\_\_\_ If so, what do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use any hormones or antibiotics to maintain the animal’s health? \_\_\_\_\_**

**If so, what do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your ruminant animals grass-fed only?\_\_\_\_\_ If grain-fed/finished, how**

**many weeks are they fed grain before slaughter?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where are your animals processed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C-Processors & Prepared Food Vendors**

**(bakery goods, coffee, ciders, dairy products, jams and jellies, maple syrup, wild rice, soap, nuts, popcorn, breads, hot or cold prepared foods)**

**Please check the items you plan to bring to the market**

**Breads & baked goods\_\_\_ Coffee\_\_\_ Jams/jellies\_\_\_ Cider/juice\_\_\_**

**Maple syrup\_\_\_ Soap\_\_\_ Hot or cold prepared foods\_\_\_ Other\_\_\_**

**Other please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are required to have a health department permit, license, or safe food handling certificate, please attach a copy to this application. The market manager is required to have these on hand at the market. Thank you.**

**D-Crafters**

**Please describe the goods you will bring to the market and the source of the materials out of which you make the goods**

**For all vendors**

**Check all that apply**

**\_\_ I will only be selling products not subject to Minnesota Sales Tax**

**OR enter your MN State Sales Tax No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_ I am applying as a Producer (I plan to sell products I grow, gather, or raise within 50 miles of the market)**

**\_\_I am applying as an artisan/crafter (I design and create non-edible products within 50 miles of the market)**

**\_\_I am applying as a Processor (I make a food product in my own or a leased facility within 50 miles of the market)**

**\_\_I am exempt from having a Minnesota Food Handlers license under MN Statutes**

**OR enter your license type and number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read and understand this form, the market guidelines, the code of conduct, the Vendor agreement form for EBT reimbursement, and the direct deposit authorization and W9 for EBT reimbursement of the Virginia Market Square Farmers Market and I agree to abide by such. I have attached a MN ST19.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks to IRPS**