

# Capital City Farmers Market

## 2010/2011 Member Registration and Vendor Application

This application is for **ALL** of the markets coordinated by the Capital City Farmers Market. If you want to apply for our Thanksgiving Market or Winter Farmers Market, **NOW IS THE TIME**. There will not be another application process. If you are accepted to the Winter and thanksgiving markets, we will send you an invoice for space fee six weeks prior to the market and we will ask you to confirm your participation through payment for your space. *CCFM does not accept vendors offering services (i.e. chair massage, tarot reading, etc.).*

Applications must be post marked by **January 31<sup>st</sup>**. Space assignments will be mailed around February 15<sup>th</sup>. Vendor applications post marked after January 31<sup>st</sup> will be given space as space allows, regardless of prior participation.

### CONTACT INFORMATION

PO Box 515, Montpelier, VT 05601  
www.montpelierfarmersmarket.com  
manager@montpelierfarmersmarket.com  
802-223-2958

### GENERAL INFORMATION

Date \_\_\_\_\_ Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (other) E-mail Address \_\_\_\_\_

Website: \_\_\_\_\_

Yes \_\_\_ I can be reliably reached by E-mail year round. No \_\_\_

Do you give the Capital City Farmers' Market permission to release your name, address, phone number, email, and website for marketing purposes or customer contacts? **YES, I do** **NO, I do not**

### Check one:

\_\_\_ New Applicant. *Please enclose a non-refundable \$10 new applicant fee. **Do not include a membership fee.** If your application is accepted, you can become a member at that time.*

\_\_\_ Wait List/Returning Applicant (*vendors who have applied in the past but have not yet vended at a market*)

\_\_\_ Member Vendor\* (enclose \$40) \*Market members receive space discounts at markets. Only member vendors that attend at least 4 markets can vote at the annual meeting.

\_\_\_ Non-member vendor

\_\_\_ I can't participate this year. Please place/keep my name on your mailing list.

### Please check all the markets for which you are applying:

\_\_\_ Outdoor Market (May-Oct, 60 State St Lot)

\_\_\_ Thanksgiving Market (Nov. 20, Montpelier High School)

\_\_\_ Winter Market (1<sup>st</sup> & 3<sup>rd</sup> Saturdays, Dec-April, VT College of Fine Arts Gym)

**Items for Sale**

**All new and RETURNING vendors.** Please list all items you intend to sell at the market on the following page. (i.e. mixed vegetables, seedlings, cut flowers, pottery, note cards) *Indicate clearly if you are adding new products. If you are applying for more than one market, please list, by market, items you intend to sell (may indicate "same as above").* Use additional paper if necessary

**RETURNING VENDORS List New Products HERE (please indicate the season they will be sold):** \_\_\_\_\_

**Outdoor Market:** \_\_\_\_\_

**Thanksgiving Market:** \_\_\_\_\_

**Winter Market:** \_\_\_\_\_

**Please note:** If you plan to add new or change significantly the products you are offering, you must first get approval from the farmers market board. (i.e. a potter selling candles, a bread baker selling pies, a produce grower adding a craft)

**For crafts\*\*, baked goods & prepared foods, please describe:**

Item	Type and source of materials or ingredients	Method of production
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use additional paper if necessary. The Farmers Market Board will consider whether you use local ingredients and/or purchase from local merchants when assigning space to new vendors.

*\*\*New applicants for a craft space must also include pictures of their work. If you would like them returned, please include a self-addressed, stamped envelope.*

**Prepared food vendors**—What locally grown items do you currently use or plan on using in your products during the upcoming season?

Item(s)	Local Ingredient(s)	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer the following questions regarding your business.**

Can you come to the market rain or shine, hot or cold, wind or snow?    **YES**    **NO**

If no, please explain. \_\_\_\_\_

As the owner/producer, do you personally plan to attend at least 50% of the markets you have requested?    **YES**    **NO**

If no, please explain. \_\_\_\_\_

If you plan on substitutes vending for you some of the time, who will they be and what is their relationship to your business? \_\_\_\_\_

What is the ownership structure of your business? (i.e. business partners, family run, cooperative, incorporated) \_\_\_\_\_

**Please list Farmers Market Activities or CCFM office held by members of your farm/business in 2009:**

Name	Office/Activity
_____	_____
_____	_____
_____	_____

**Market Programs:** The market has several programs for promotion and low-income food access. To vend at a CCFM market, you must agree to participate in these programs.

**\$1 Coupons:** The market mails \$1 coupons to our mailing list for all markets. Vendors are required to accept these coupons. At the end of the market, vendors are reimbursed 50% of any coupons redeemed. On average, one coupon is redeemed for every \$200 of sales at the market.

**“Market Cash”:** There is a wireless EBT (food stamp) and Debit card machine at market. Customers get “market cash” from this machine in the form of \$5 and \$1 wooden tokens. Vendors are reimbursed 100% for market cash received.

**Farm-to-Family Coupons:** Low income Vermonters receive coupons in the summer to use at farmers markets for fresh produce. Farmers are reimbursed 100% for coupons redeemed. If you offer produce, contact the Vermont Department of Children and Families to sign up for this program before market begins at 802-241-2458 or mary.carlson@ahs.state.vt.us.

**Gross Sales Reporting:** The market asks each vendor to report sales anonymously for each market attended. The market tracks sales in the categories of agricultural products, baked goods/prepared foods, and crafts. This allows the market to assess growth from year to year and understand better the impact of season, weather, and holidays on overall market sales.

**I have read the 2010 rules and policies of the Capital City Farmers Market and agree to abide by them.**

\_\_\_\_\_ Signature of applicant(s) \_\_\_\_\_ Date

**Outdoor Market**

**Please circle the weeks you would like to attend:** ALL of them (27 in all)

May 1, 8, 15, 22, 29	June 5, 12, 19, 26	July 3, 10, 17, 24, 31
August 7, 14, 21, 28	September 4, 11, 18, 25	October 2, 9, 16, 23, 30

**During 2009, I vended:** (please check one)

Full-season (20+ weeks)  Part-season (10-20 weeks)  Less than 10 weeks  I was not a vendor in ‘09

**Space Preferences:** Please refer to the map for selection or specify “area”. Be aware that newer vendors are less likely to be assigned their choice spots.

Please indicate if you are requesting: (refer to the market brochure for cost per space)

single space (10 linear ft)  space and ½ (15 linear ft)  double space (20 linear ft)

First Choice spot # \_\_\_\_\_ Second Choice spot # \_\_\_\_\_ Third Choice spot # \_\_\_\_\_

If possible, I would prefer to be (describe location – front, back, shade side, etc.) \_\_\_\_\_

If we are unable to assign you a spot, do you want to be on a waiting list and be notified by Wednesday evening of an available spot for the coming Saturday? **YES** **NO**

Do you want to be on a waiting list for openings of regular assigned spaces? **YES** **NO**

**Payment of Space Fees** must be made by the last market in May for vendors paying for the season and at each market for vendors paying weekly. Refer to **2010 Rules and Policies** for rates.

**Prize Drawing--** As part of market promotion, we ask that all regular vendors at the market donate a prize for our monthly prize drawing. Please indicate what you wish to donate and what month it will be available. \_\_\_\_\_

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## Thanksgiving Market—Nov. 20, 2010

Returning Vendor                       New Vendor

**Space preference:** Same as last year    No preference    Different (specify) *New vendors are assigned space where available.*

**Frontage Requested:**

Single Space (10 ft x 6 ft deep)                       Mini Space (6 ft x 6 ft)                      Additional Frontage Requested: \_\_\_\_\_ feet

Electrical outlet requested?    **YES**                      **NO**

**Refer to the 2010 Rules and Policies for rates. If accepted, an invoice for your fee will be sent in September. Payment will confirm your place at the Thanksgiving Farmers Market.**

**Prize Drawing--** As part of market promotion, we ask that Thanksgiving vendors donate a prize for our prize drawings selected each ½ hour during the market. Please indicate what you wish to donate. \_\_\_\_\_

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## Winter Market 2010/2011

**Please circle the weeks you would like to attend:**                      ALL of them (10 in all)

December 4, 18                      \*\*January 8, 22                      February 5, 19                      March 5, 19                      April 2, 16

**During 2010/11, I anticipate vending:** (please check one)

Full season                       # of markets                       I was not a vendor in '09/'10

**Space Preferences** Please refer to the map, or specify "area". New vendors may not be assigned their choice spots.

**Frontage requested:**

single space (8 linear ft)     space and ½ (12 linear ft)                      Additional Frontage Requested: \_\_\_\_\_ feet

First Choice spot # \_\_\_\_\_                      Second Choice spot # \_\_\_\_\_                      Third Choice spot # \_\_\_\_\_

Electrical outlet requested?    **YES**                      **NO**

If possible, I would prefer to be (describe location – front, back, middle, etc.) \_\_\_\_\_

If we are unable to assign you a space, do you want to be notified if a space becomes available?    **YES**                      **NO**

\*\* Date changed because January 1 falls on the first Saturday

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