

**St. Cloud Area Farmers Market**  
**2021 Guest Vendor Application Form**

Name of Business/Farm/Individual Seller: \_\_\_\_\_

Owner/s' Name/s: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Insurance Company and Policy Number (attach a copy of policy): \_\_\_\_\_

\* (proof of product/liability insurance will only be required if you are bringing a **FOOD** product) \*

I am applying to be a Guest Vendor at the 2021 SCAFM on the following date/s: (circle dates)

May 1 <sup>st</sup>	June 5 <sup>th</sup>	July 3 <sup>rd</sup>	August 7 <sup>th</sup>	September 4 <sup>th</sup>	October 2 <sup>nd</sup>
May 8 <sup>th</sup>	June 12 <sup>th</sup>	July 10 <sup>th</sup>	August 14 <sup>th</sup>	September 11 <sup>th</sup>	October 9 <sup>th</sup>
May 15 <sup>th</sup>	June 19 <sup>th</sup>	July 17 <sup>th</sup>	August 21 <sup>st</sup>	September 18 <sup>th</sup>	October 16 <sup>th</sup>
May 22 <sup>nd</sup>	June 26 <sup>th</sup>	July 24 <sup>th</sup>	August 28 <sup>th</sup>	September 25 <sup>th</sup>	October 23 <sup>rd</sup>
May 29 <sup>th</sup>		July 31 <sup>st</sup>			October 30 <sup>th</sup>

OR: I don't know which dates I would like to be a Guest Vendor, but I want to pre-pay in full for \_\_\_\_ Saturdays at \$20/Saturday.

OR: Guest Vendor spots are 10 linear feet (\$20/Saturday). Indicate total number of dates: \_\_\_\_\_ Total fee due: \_\_\_\_\_

OR: I am a local artist/author who would like to take advantage of the St. Cloud Area Farmers Market's "starving artist/author" Program of **one free trial** Saturday on: \_\_\_\_\_ (with the exception of the purchase of an additional Saturday/s).

Describe in detail **ALL ITEMS** you hope to bring: \_\_\_\_\_

How will your product(s) enhance our Farmer's Market: \_\_\_\_\_

Describe any required licensing, facility inspections, certifications, etc: \_\_\_\_\_

**Note: Guest Vendors bring their own canopy, table, chairs, and all other required supplies**

Complete and email to: [stcloudfarmersmarket@gmail.com](mailto:stcloudfarmersmarket@gmail.com) or mail to: St. Cloud Farmer's Market P.O. Box 7071 St. Cloud, MN 56301

Upon receipt of your Guest Vendor Application, we will confirm your approval and the availability of your selected date/s, you will then have 5 days to mail your payment of \$20 for each approved date, along with your signed application form, and any copies of required insurance, licenses, certificates, inspections, and the ST19 form.

All Guest Vendor sports will be filled on a first-request basis. All fees paid are non-refundable.

**I understand that I will only be permitted to bring the item/s listed and approved on this application.**

(Guest Vendor's Signature)

(Date)

All vendors are expected to be ready to sell at 8:00 a.m. and stay the duration of the SCAFM, and not start to teardown or leave before noon, without prior approval from the market master. No solicitations/promotion for customers or vendors, verbal or written, of any other Farmer's Market within a 10 mile radius and operating on the SAME DAY as the SCAFM will be allowed on site during the operation hours of any SCAFM event. Violation of these standards will terminate this Agreement.