

St. Cloud Area Farmers Market

2025 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): \_\_\_\_\_

I am applying to be a Guest Vendor at the 2025 SCAFM on the following date/s: (circle dates)

May 3	June 7	July 5	August 2	September 6	October 4
May 10	June 14	July 12	August 9	September 13	October 11
May 17	June 21	July 19	August 16	September 20	October 18
May 24	June 28	July 26	August 23	September 27	October 25
May 31			August 30		

OR: Guest Vendor spots are 10 linear feet (\$25/Saturday). Indicate total number of dates: \_\_\_\_\_ Total fee due: \_\_\_\_\_, fee is increased to \$35 for same day payment.

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).

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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**

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 spots will be filled on a first-request basis and approved by the board at the monthly meeting (usually the 1st Monday of the month) . 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.**

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(Guest Vendor's Signature)

(Date)

All vendors are expected to be ready to sell at 8:00 a.m., stay the duration of the SCAFM, and not start to teardown or leave before noon without prior approval from the market manager. 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.

**Complete and email to: [stcloudfarmersmarket@gmail.com](mailto:stcloudfarmersmarket@gmail.com) or mail to:**

**St. Cloud Farmers Market**

**P.O. Box 7071**

**St. Cloud, MN 56301**