



Farmers Market

Vendor Profile/Renewal Form

For more information on the Farmers Market Program, visit www.cityofboston.gov/food/farmers

VENDOR INFORMATION

Name of

Business: _____

Name of Owner: _____

(if different from above)

Address: _____

Federal ID #: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

MARKET STAFF INFORMATION

Staff 1 Name:

Staff 2 Name:

Contact

Information:

(if different from above)

Contact

Information:

(if different from above)

Address:

Address:

Phone:

Cell:

Phone:

Cell:

Email:

Email:

GENERAL PRODUCT INFORMATION

(Note all that apply)

- We will be selling local, farm fresh and uncut, produce, honey, and/or maple syrup (EXEMPT)
- We will be selling local, farm fresh product that require either refrigeration or freezing
(**ex:** eggs, chicken, meat products)
- We will be selling *only* locally caught, day-boat, fish and/ or crustaceans
- We will be selling farm fresh processed foods (**ex:** cheeses, jams, pies)
- We will be selling locally sourced and produced processed and/ or packaged foods
- We will be selling non-food related items or services (**ex:** cutting boards, knife sharpening, crafts)
- We will be attending the market as a non-vendor community partner (**ex:** Bikes not Bombs)

SUBMISSION

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MARKET STALL INFORMATION (Note all that apply)

- Hairnets or hair restraints (hats) will be worn by our staff
- Disposable gloves will be worn by our staff
- Product requires temperature control. Mechanical freezer or refrigeration is required; to apply for a waiver from this provision, contact the Inspectional Services Department, health division directly.
- Food products are sold by weight; I will have sealed scale on site
- Processed foods will be properly packaged and labeled
- Food Protection: Non-exempt vendors must detail the measures they will take to protect food from contamination, including how products will be stored and transported

- Garbage & Rubbish: including who is responsible for picking up trash at the market, and where that trash is disposed of, including what company picks it up and how often

- Food Sampling (requires pre-approval)

List type of foods to be sampled:

Describe where and when you will portion your samples, how they will be transported to the market, and how exactly they will be given to the customer. List type of utensils and equipment that will be used in the sampling process:

Specify where you will position a hand-washing station in your booth:

Please include ServSafe Certification of those administering the sampling, as well as an Allergen Certificate.

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SCHEDULE

For which of the following markets have you been approved by the individual market manager to vend

FARMERS MARKET	DAY OF WEEK YOU WILL ATTEND	EXPECTED FIRST DAY VENDING AT MARKET <i>(not market's opening day)</i>	UNDERSERVED MARKET?
<input type="checkbox"/> <i>Ex: Copley Market</i>	<i>Tuesdays</i>	<i>June 23, 2014</i>	<i>No</i>
<input type="checkbox"/> Allston: N. Harvard			Yes
<input type="checkbox"/> Allston: Union Sq.			Yes
<input type="checkbox"/> Ashmont/Peabody Square			Yes
<input type="checkbox"/> Beth Israel			Yes
<input type="checkbox"/> Boston Medical			Yes
<input type="checkbox"/> Boston Public Market (Seasonal)			No
<input type="checkbox"/> Bowdoin Geneva			Yes
<input type="checkbox"/> Carney Hospital			Yes
<input type="checkbox"/> Charlestown			Yes
<input type="checkbox"/> Codman Square			Yes
<input type="checkbox"/> Copley Market			No
<input type="checkbox"/> Dewey Square			No
<input type="checkbox"/> Dorchester Winter Market			Yes
<input type="checkbox"/> Dorchester House			Yes
<input type="checkbox"/> Dudley Square			Yes
<input type="checkbox"/> East Boston			Yes
<input type="checkbox"/> Egleston			Yes
<input type="checkbox"/> Fields Corner			Yes
<input type="checkbox"/> Jamaica Plain Bank of America			Yes
<input type="checkbox"/> Jamaica Plain Loring-Greenough House			Yes
<input type="checkbox"/> Mattapan			Yes
<input type="checkbox"/> Mission Hill: Roxbury Crossing			Yes
<input type="checkbox"/> Mission Hill: Brigham Circle			Yes

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<input type="checkbox"/>	Nubia Farm: Dixwell Street			Yes
<input type="checkbox"/>	Nubia Farm: Callender Street			Yes
<input type="checkbox"/>	Boston University			Yes
<input type="checkbox"/>	ReVision Urban Farm Stand			Yes
<input type="checkbox"/>	Roslindale			No
<input type="checkbox"/>	South Boston			Yes
<input type="checkbox"/>	SoWa			No
<input type="checkbox"/>	West Roxbury			Yes
<input type="checkbox"/>	Other:			

FEE SCHEDULE

Each market location counts as 1 market. If you will vend multiple days at one market location, that will still count as one market.

For questions about how much you owe, visit cityofboston.gov/food/farmers/healthprocedures.asp for a complete breakdown of all pricing options.

Market Pricing
\$100/Market

TOTAL # OF FARMERS MARKET	SUBTOTAL
Ex: 5 Markets	\$500.00

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VENDOR DEMOGRAPHIC INFORMATION

All information is optional. This information will in no way affect the status of your application, and will be collected for the sole purpose of understanding the demographic makeup of farmers' market vendors within the City of Boston.

Business Owner Information

Gender Male Female Other _____

Race/Ethnicity White Black or African American Hispanic or Latino Native American or American Indian
 Asian or Pacific Islander Other _____

Age _____

Do you consider yourself to be disabled? Yes No

Are you a veteran of the U.S. military? Yes No

Staff Person 1

Gender Male Female Other _____

Race/Ethnicity White Black or African American Hispanic or Latino Native American or American Indian
 Asian or Pacific Islander Other _____

Age _____

Do you consider yourself to be disabled? Yes No

Are you a veteran of the U.S. military? Yes No

Staff Person 2

Gender Male Female Other _____

Race/Ethnicity White Black or African American Hispanic or Latino Native American or American Indian
 Asian or Pacific Islander Other _____

Age _____

Do you consider yourself to be disabled? Yes No

Are you a veteran of the U.S. military? Yes No

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REQUIRED DOCUMENTS

Attach to this application

<input type="checkbox"/>	List of any other local farms whose EXEMPT product you will be vending; note the city, state & address of each farm
<input type="checkbox"/>	Copy of ServSafe certificate (if required)
<input type="checkbox"/>	Copy of Allergen certificate (if required)
<input type="checkbox"/>	Copy of Permits: city, state, federal, USDA (if required)
<input type="checkbox"/>	Copy of Business Certificate- Required for all vendors. This can be from the city in which your base operations are located, proof of LLC, proof of incorporation or similar documentation
<input type="checkbox"/>	Date of most recent inspection of your scale. (if your products are sold by weight)
<input type="checkbox"/>	Food Demonstration & Sampling Request(s) may be updated 10 business days prior to event (date & vendor specific)
<input type="checkbox"/>	Garbage & Rubbish Removal Plan (if separate from application)
<input type="checkbox"/>	Check, made payable to City of Boston, for: \$_____ (\$100 x # of markets)

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