

# 2023 OP FARMERS' MARKET FOOD OR SPECIALTY VENDOR APPLICATION & PRODUCT LIST

Please review the following checklist to understand which items are applicable to your business.

**Only the 2023 Application, Product List and Samples are due when applying.  
If accepted, all supporting documents will be due at a later date.**

## APPLICATION REQUIREMENT CHECKLIST

Category	<input type="checkbox"/> Food	<input type="checkbox"/> Specialty
You have read and fully understand Rules & Regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
OPFM Product List ( <i>new vendors only unless returning vendor is modifying their previous product list</i> )	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
5 non-returnable samples ( <i>new vendors with anything for sale other than produce OR returning vendors with new products</i> )	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
	<input type="checkbox"/> NA	<input type="checkbox"/> In Process

## CONTRACT REQUIREMENT CHECKLIST

Kansas Retail Sales Tax Certificate ( <i>new vendors only</i> )	Due upon acceptance
Vehicle Insurance Declaration Page ( <i>for vehicles at OPFM</i> )	Due upon acceptance
Business/General/Farm Liability Insurance Declaration Page	Due upon acceptance
Lease Agreement	Due upon acceptance, if applicable
KDA Food Processing Plant License ( <i>or state equivalent</i> )	Due upon acceptance, if applicable
KDA License Mobile Unit Permit ( <i>or state equivalent</i> )	Due upon acceptance, if applicable
Certified Commercial Kitchen License ( <i>not inspection report</i> )	Due upon acceptance, if applicable
Better Processing Control School License ( <i>acidified foods</i> )	Due upon acceptance, if applicable

## SUBMIT COMPLETED APPLICATION TO:

City of Overland Park  
Attn: Farmers' Market  
8101 Marty Street  
Overland Park, KS 66204  
OR  
[kristina.stanley@opkansas.org](mailto:kristina.stanley@opkansas.org)

## QUESTIONS:

Call | 913.895.6390  
or  
Email for a faster response | [kristina.stanley@opkansas.org](mailto:kristina.stanley@opkansas.org)

## SPECIAL NOTE

This is our most competitive category with very little vendor turnover from year to year. We keep around a 70:30 farm to food/specialty vendor ratio. We do not guarantee exclusivity, but we will not saturate the market with one type of product.  
An application does not guarantee participation in the Overland Park Farmers' Market.

# 2023 OP FARMERS' MARKET FOOD/SPECIALTY VENDOR APPLICATION

## APPLICANT INFORMATION

Business Name:

Applicant Name (s):  
(include all business partners)

Mailing Address:

Business Address (if applicable):

Primary Phone:

Secondary Phone:

Primary Email:

Secondary Email:

Website:

Business Social Media Accounts: ☐ Facebook ☐ Instagram ☐ Twitter

## DATES OF PARTICIPATION REQUESTED

☐ Full Season (25 or more combined days)

☐ Half Season (11-24 combined days)

☐ Saturday Daily Rate (10 or less combined days)

☐ Wednesday Daily Rate (10 or less combined days)

*Note: Saturday daily rates cannot choose 10 consecutive days June-August.*

### SATURDAYS (33 days)

*\*All dates, events, and location are subject to change.*

Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.

All 33 Saturdays: ☐

April: ☐15 ☐22 ☐29

May: ☐6 ☐13 ☐20 ☐27

June: ☐3 ☐10 ☐17 ☐24

July: ☐1 ☐8 ☐15 ☐22 ☐29

August: ☐5 ☐12 ☐19 ☐26

September: ☐2 ☐9 ☐16 ☐23 ☐30 (Fall Fest)

October: ☐7 ☐14 ☐21 ☐28

November: ☐4 ☐11 ☐18

December: ☐2 (Holiday Farmers' Market)

### WEDNESDAYS (14 days)

*\*All dates, events, and location are subject to change.*

Please check all that apply. If you know you will miss any days, please check only the days you plan to attend.

All 14 Wednesdays: ☐

June: ☐7 ☐14 ☐21 ☐28

July: ☐5 ☐12 ☐19 ☐26

August: ☐2 ☐9 ☐16 ☐23 ☐30

September: ☐6

## EXPANDED PAVILION SITE STALL PREFERENCE/DETAILS

*A stall size or location is not guaranteed nor will any vendor receive a contracted stall assignment.*

Requested Stall #: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Requested Row: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Requested Direction: ☐ North ☐ East ☐ South ☐ West

Other Requests:

Equipment Used On-Site: ☐ Generator ☐ Refrigerator/Freezer ☐ Propane ☐ Warmer ☐ Grill ☐ Scales ☐ Electronic device  
☐ Fan/Heater ☐ Other: \_\_\_\_\_

Do you need electricity? ☐ Yes ☐ No

If so, why? ☐ Food Safety ☐ Equipment, please list: \_\_\_\_\_

Market Vehicle: Make/Model:

Height/dimensions:

**MISCELLANEOUS INFORMATION**  
(attach a separate sheet if more space is needed)

Is this your primary business? ☐ Yes ☐ No

Do you plan to offer prepackaged food, samples and/or serve ready-to-eat foods? ☐ Yes ☐ No If yes, how many months? \_\_\_\_\_  
(April-December is 9 months)

Are any of the raw ingredients or materials in your product grown or produced by you? ☐ Yes ☐ No  
If yes, what raw ingredients or materials?

Is your product processed and packaged by you? ☐ Yes ☐ No  
If yes, please explain.

Do you occasionally purchase produce from the OP Farmers' Market to include with your product? ☐ Yes ☐ No  
If yes, what products and from whom?

If making ready-to-eat food on site, can you source 20 percent of your ingredients from the OPFM? ☐ Yes ☐ No  
If no, please explain why not.

Do you occasionally purchase produce from a local/regional vendor to include with your product? ☐ Yes ☐ No  
If yes, what products and from whom?

**OPFM JUSTIFICATION**

Please explain why you deserve to be a part of the Overland Park Farmers' Market and how your product ties in with the market philosophy.  
What will you offer that is unique? How will you and/or your business help make the OPFM a better market?

**OP CORE VALUES**

**Pursuit of Excellence. Service Commitment. Integrity. Stewardship. Respect. Relationship Building.**

Which one Core Value is the most important to you and how will you work to promote it all year long if accepted as a vendor?

**SIGNATURES**

I have read and understand the Rules & Regulations and agree to adhere to them, which is why I am applying to be a vendor. I attest that all information provided in this application is accurate. I acknowledge that if any information provided is found to be untrue that it may result in expulsion from the Farmers' Market without refund.

Applicant Name (printed):

Applicant Signature:

Date:

# OP FARMERS' MARKET FOOD/SPECIALTY VENDOR PRODUCT LIST

## Section 1: Overall Product List & Practices

Please identify which options fit you best.

## Section 2: Product List

Please list any and all products you intend to sell at the OP Farmers' Market and its source of production. False or inaccurate information could result in expulsion from the market without refund. This sheet will be verified and used on kitchen visits.

### Notes:

- 1) In order to save time and paper, this Product List will be kept on file year after year and will not need to be filled out once it's completed.
- 2) Any addition(s) to this Product List will require you to submit your changes to the Recreation Supervisor and/or update this Product List so the most accurate products are on file. Upon review of your written request of any changes, the Recreation Supervisor will approve or deny your request.

## SECTION 1: OVERALL PRODUCT LIST & PRACTICES

### Which areas do you focus on/practice?

(Please check all that apply)

- ☐ Produce
 ☐ Dairy
 ☐ Meat
 ☐ Eggs
 ☐ Beekeeping/Honey
 ☐ Plants/Flowers
 ☐ Greenhouse/High Tunnels  
☐ Bakery
 ☐ Canned Goods
 ☐ Beverages (alcoholic/non-alcoholic)
 ☐ Prepared Foods/Grab 'n Go/Take 'n Bake  
☐ Other: \_\_\_\_\_

## SECTION 2: PRODUCT LIST

	Produced by applicant, all the time	Produced by applicant, some time	Produced by applicant, none of the time
Product 1:			
Product 2 :			
Product 3:			
Product 4:			
Product 5:			
Product 6:			
Product 7:			
Product 8:			
Product 9:			
Product 10:			
Product 11:			
Product 12:			
Product 13:			
Product 14:			
Product 15:			
Product 16:			
Product 17:			
Product 18:			
Product 19:			
Product 20:			