

2023 OP FARMERS' MARKET FARM 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

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
USDA Organic Certification	Due upon acceptance, if applicable
KDA Meat Wholesale/Distributor License (<i>or state equivalent</i>)	Due upon acceptance, if applicable
KDA Dairy Processing Plant License (<i>or state equivalent</i>)	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
KDA Live Plant License (<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

QUESTIONS:

Call | 913.895.6390
or
Email for a faster response | kristina.stanley@opkansas.org

2023 OP FARMERS' MARKET FARM VENDOR APPLICATION

APPLICANT INFORMATION

Business Name:

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

Mailing Address:

City:

State:

Zip Code:

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 (<60db) ☐ 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:

FARM INFORMATION <i>(Include all land you own, business partners land and/or leased land.)</i>			
Farm Address 1:	Street:	City:	State/Zip:
	<input type="checkbox"/> Own <input type="checkbox"/> Lease How many acres: _____ How many miles is it from your farm to the OPFM? _____		
Farm Address 2:	Street:	City:	State/Zip:
	<input type="checkbox"/> Own <input type="checkbox"/> Lease How many acres: _____ How many miles is it from your farm to the OPFM? _____		
Please select one option:	<input type="checkbox"/> 100% homegrown farmer, all season long with no resale products ever		
	<input type="checkbox"/> Farmer who offers local, regional and/or warehouse products at some point throughout the season		
Do you offer Added-Value Products (i.e. business merchandise)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MISCELLANEOUS INFORMATION			
Do you plan to offer prepackaged food, samples and/or serve ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many months? _____ (April-December is 9 months and Temporary Food Permit will be required if accepted)			
Do you occasionally purchase produce from a local grower? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name(s), address(es), phone number(s).			
1.			
2.			
3.			
Do you occasionally purchase produce from a regional source/farmers' auction/warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify their name(s), address(es), phone numbers (s).			
1.			
2.			
3.			
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 fully 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 or suspension from the Farmers' Market without refund.			
Applicant Name (printed):			
Applicant Signature:			Date:

OP FARMERS' MARKET FARM VENDOR PRODUCT LIST

Section 1: Overall Product List & Practices

Please identify which option fits 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 origin. False or inaccurate information could result in expulsion from the market without refund. This sheet will be verified and used on farm visits in addition to determining who receives a green flag identifying who is 100% homegrown. If you're unsure of what each term means please refer to the Rules & Regulations for definitions.

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

Please selection one option

- ☐ 100% homegrown farmer, all season long with no resale products ever
- ☐ Farmer who offers local, regional and/or warehouse products

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

	Homegrown, all the time	Homegrown, some time	Local	Regional	Warehouse
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:					

	Homegrown, all the time	Homegrown, some time	Local	Regional	Warehouse
Product 18:					
Product 19:					
Product 20:					
Product 21:					
Product 22:					
Product 23:					
Product 24:					
Product 25:					
Product 26:					
Product 27:					
Product 28:					
Product 29:					
Product 30:					
Product 31:					
Product 32:					
Product 33:					
Product 34:					
Product 35:					
Product 36:					
Product 37:					
Product 38:					
Product 39:					
Product 40:					
Product 41:					
Product 42:					
Product 43:					
Product 44:					
Product 45:					
Product 46:					
Product 47:					
Product 48:					
Product 49:					
Product 50:					
Product 51:					
Product 52:					
Product 53:					
Product 54:					
Product 55:					
Product 56:					
Product 57:					
Product 58:					
Product 59:					