



2016-2017 VENDOR APPLICATION

- NEW Vendor
 Returning 2015/16 Vendor
 Please Update My Information

Booth/Business Name: _____

Contact Name: _____ **On-Site Phone:** _____

E-mail (required): _____

Website or Facebook Page: _____

Vehicle Make, Model: _____ **Tag Number:** _____

General Category: Farmer (\$25) Artisan Food (\$25) Food Vendor (\$50) Crafter (\$25) Non-Profit (\$10)

I would like to be in the same area as my booth last year. Yes No, I would like to change

My booth number was: _____ **My preferred area is:** _____

I work out of a: Tent Truck/Trailer Both **Space (Food Vendors):** 10'x10' 10'x20' Larger Space _____

Electrical Access: Prefer space with power Need more than standard power (+\$10) Would like to use a generator

Farmers, Gowers & Producers:

Type: Crops Animal Products Plants/Flowers **Grow/Resale:** Grow My Own Resale Both

Organic: Yes No (You must provide a copy of your organic certification from the FL Department of Agriculture)

Artisan Food: I have read and understand the State of Florida Cottage Food Guidelines: _____ (initials)

Type: Cottage Food Specialty Food Pet Food

Specialty Food vendors must provide the address of the commercial kitchen used and copies of any lease agreements with the property owner. Attach to this application.

Crafters: You must attach pictures of your work. Are your items at least 80% handmade? Yes No

Type:

<input type="checkbox"/> Soaps/Beauty Products	<input type="checkbox"/> Candles	<input type="checkbox"/> Clothing	<input type="checkbox"/> Art from Recycled Items
<input type="checkbox"/> Garden & Home Décor	<input type="checkbox"/> Sewn Items*	<input type="checkbox"/> Photography/Artist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pet Products	<input type="checkbox"/> Wood Crafts	<input type="checkbox"/> Jewelry & Hair Accessories	

Food Vendors (prepared on-site): You must submit your menu and a copy of your food handler's license.

Vendors must provide a Certificate of Insurance (COI) proving the vendor holds at least a \$1,000,000 general liability policy. The following conditions must also be met: (1) Town of Orange Park listed as an additional insured on all policies. (2) The Certificate Holder Box must contain: Town of Orange Park 2042 Park Ave Orange Park, FL 32073

Non-Profit Vendors:

You must submit your current tax exemption certificate as proof of your 501(c)3 status. No other document will be accepted.

Animals Health & Wellness Children Public Awareness Other: _____



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Schedule: (required)

I would like to pre-register for the following dates:

You can pick and choose your dates. You do not have to attend ALL dates. Consider selecting at least two dates as the customers vary slightly each time. You can cancel your reservation up to a week before the market.

- September 4th November 6th January 8th March 5th May 7th
- October 2nd December 4th February 5th April 2nd June 4th

Second Date Option:

I would be interested in participating in a second market monthly: Yes No

Summer Option:

I would be interested in participating in a summer market in July & August. Yes No

Payments:

New vendors are required to pay a one-time, nonrefundable \$10 application fee. Please refer to the packet for booth rental rates. Prepayment of rental for the entire season entitles you to a 10% discount.

Make checks payable to: Town of Orange Park

Send application and payment to:

Town of Orange Park, Attn: Farmer's Market
2042 Park AVE
Orange Park, FL 32073

By signing this document, I acknowledge that I have read, fully understand and agree to comply with all rules, guidelines and regulations set forth for the Orange Park Farmers & Arts Market.

Signature: _____

Printed Name: _____ **Date:** ____ / ____ / ____

FOR OFFICE USE ONLY:		
Date Received: _____ / _____ / _____		
By: _____		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Waiting List