



# 2017 VENDOR APPLICATION

## CONTACT INFORMATION

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Business/Farm Name

NEFM should make checks payable to contact or business name  
(Circle One)

\_\_\_\_\_  
Street Address (Billing)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
MN Tax ID

\_\_\_\_\_  
Fed Tax ID

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Business/Home Phone

\_\_\_\_\_  
Cell Phone

## PUBLICITY INFORMATION

NEFM HAS MY PERMISSION TO SHARE THE FOLLOWING  
PUBLICITY INFORMATION WITH THE PUBLIC:

\_\_\_\_\_  
Website

\_\_\_\_\_  
Facebook page

\_\_\_\_\_  
Twitter name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Other

\_\_\_\_\_  
Signature

## APPLICATION CHECK LIST

- Completed Application
- Permits and Licenses (Also acceptable: business license renewal form and/or copy of paid renewal of license)
- ST-19 Tax Form
- Proof of Insurance
- Payment: Installment or In Full (Circle One)
- Read and understand Zero Waste policies
- Sign Agreement and Release Waiver

## DEADLINE APRIL 3, 2017

PLEASE PAY BY CHECK AND MAIL WITH REQUIRED FORMS TO  
Northeast Minneapolis Farmers Market  
P.O. Box 68067  
Minneapolis, MN 55418

## NORTHEAST MINNEAPOLIS FARMERS MARKET MISSION STATEMENT

The Northeast Farmers Market adds to the livability of the neighborhood by providing a welcoming and accessible community market and gathering place. We contribute to the success of local growers and producers and foster sustainability in the Northeast community.





## PERMITS & LICENSES & INSURANCE

Include with the following applicable forms with your application

	<i>MN Dept of Revenue ST-19 FORM<sup>A</sup></i>	<i>Certificate of General Liability Insurance<sup>B</sup></i>	<i>Mpls Farmers Licensing Exemption Form<sup>C</sup></i>	<i>Mpls Seasonal Food Permit<sup>D</sup></i>	<i>Nursery Stock Growers Certificate<sup>E</sup></i>	<i>Mpls Seasonal Food Permit<sup>F</sup></i>
Produce	•	•	•			
Meat, Egg, Dairy	•	•	•			
Honey, Grains, Maple Syrup	•	•	•			
Fresh Cut Flowers	•	•	•			
Nursery Stock	•	•	•		•	
Prepared "Pickle Bill" Foods	•	•	•			
Other Non-Taxable Prepared Foods	•	•		•		
Taxable Prepared Foods	•	•		•		•
Immediately Consumable Foods	•	•		•		•
Clothing	•					
Arts & Crafts	•					

A. Form attached. Vendors selling non-taxable items must complete the form and check the box: "I am selling only non-taxable items."

B. You are required to carry General Liability Insurance with a coverage limite of \$1,000,000 that includes products and complete operations coverage (see sample insurance form). Name Northeast Minneapolis Farmers Market as additional insured. Liability insurance can be purchased through the Minnesota Farmers Market Association from Stearns Insurance Services. Visit [http:// www.MFMA.org](http://www.MFMA.org) for information and applications.

C. Meat/Poultry Processors, Home Processors, and MN "Pickle Bill" vendors need to contact the Minneapolis Environmental Health & Food Safety Division at 612.673.3693 and submit a Market Vendor Plan Review before completing the Farmers Licensing Exemption Form.

D. Download application: [http://www.minneapolismn.gov/www/groups/public/@regservices/documents/webcontent/convert\\_260253.pdf](http://www.minneapolismn.gov/www/groups/public/@regservices/documents/webcontent/convert_260253.pdf)

E. Download application at <http://www.mda.state.mn.us/licensing/licensetypes/nurseryprogram.aspx>

F. Download application: [http://www.minneapolismn.gov/www/groups/public/@regservices/documents/webcontent/convert\\_260253.pdf](http://www.minneapolismn.gov/www/groups/public/@regservices/documents/webcontent/convert_260253.pdf)

**Cottage Food Producer Registration:** <http://www.mda.state.mn.us/licensing/licensetypes/cottagefood.aspx>

All Pickle Bill vendors (earning less than \$5,000.00/season on prepared non-potentially hazardous food) are required to have signage that reads, "THESE PRODUCTS ARE HOMEMADE AND NOT SUBJECT TO STATE INSPECTION". Non-potentially hazardous foods would include jams, jellies, fruit syrups, breads, fruit pies, cakes, cookies, etc.

### Compliance with health, safety, and related laws

- Vendors are responsible for informing themselves about and complying with federal, state, and local health regulations and licensing requirements governing the production, display, distribution, sampling, and sale of their products.
- Vendors providing samples of their products must comply with the rules governing market sanitation and health issues.

# ZERO WASTE REQUIREMENTS

## VENDOR ROLES, RESPONSIBILITIES AND REQUIREMENTS

To carry out our mission to “foster sustainability,” NEFM strives to be a Zero Waste market. Zero Waste means all materials are reused, recycled, or composted, resulting in no waste being sent to the landfill/incinerator. The market requests vendors to do their part to support our zero waste goal. NEFM prohibits the use of styrofoam and encourages everyone to reduce, reuse, recycle, and compost.

Immediately consumable foods (such as prepared food, samples, etc.) are required to be served on **compostable** products (i.e. paper, cardboard, and BPI certified compostable products).

### Vendor Requirements:

- **All prepared food vendors and vendors who sample food at the market must use compostable foodservice ware:**
  - o Compostable products include paper plates, cups, bowls, napkins, wooden toothpicks, cardboard, straws, etc. (NO styrofoam or plastic insulation or lining)
  - o Compostable products include bio-based plastic products such as utensils, clear cups, hot cup lids.  
\*Any bio-based product must be certified compostable.
- **Vendors must sort all waste generated from their stalls appropriately into recycling, compost and trash bins.**
  - o Vendors are responsible for training all people working in their stalls on recycling and composting rules.
  - o Compostable material should be collected in paper bags or certified compostable bags, not in regular plastic bags.
  - o Any waste containers provided by a vendor should NOT be accessible to customers. Vendors should direct customers to the nearest waste station instead.

### Purchasing Supplies:

Locally, Litin Paper, Falk Paper, and Restaurant Depot all stock biodegradable “plastic” wares made from corn starch. Paper towels, plates, cups, bowls, and napkins are all compostable. See a full line of supplies here:

- <http://www.ecoproductsstore.com>
- <http://www.worldcentric.org/>

### Where does the recycling and compost go?

- Recycling is taken to a Materials Recovery Facility where items are sorted, baled and shipped for reprocessing into new products.
- Compost/Organics are taken to an industrial compost site where the materials breakdown into nutrient-rich soil.

Thank you for making the Northeast Farmers Market a zero waste market!



# FARMERS/GROWERS REGISTRATION FORM

**Farmers and Growers:** Individuals selling fruits, vegetables or other products cultivated and harvested on their farm or in their garden. These individuals are exempt from licensing requirements and fees; however, prior to selling exempted farm products in Minneapolis they are required to complete this form and submit it to their primary Farmer's Market Manager located in Minneapolis.

APPLICANT INFORMATION				
Applicant Name			Home Number	
Business Name (If different from above)			Cell Phone Number	
Mailing Address			Work Number	
City	State	Zip	Email	
FARM/GARDEN INFORMATION				
Name of Farm/Garden			Name of Owner of Farm	
Address of Farm/Garden			Approximate Total Acres of Farm/Garden	
City	State	Zip	Percent You Cultivate	
FARM PRODUCTS SOLD IN MINNEAPOLIS LOCATIONS				
LIST OF FARM PRODUCTS SOLD		MPLS LOCATION WHERE PRODUCTS ARE SOLD		
(Fruits, berries, vegetables, root/vine crops, etc)		Market Name	Address of Market/Event	
LIST VEHICLES USED FOR DELIVERY OF FARM PRODUCTS				
State	Plate Number	Year	Make/Model	Color
<p>I certify that I have read, understand and answered every question in this application truthfully to my own knowledge and belief. I understand and agree that I shall only peddle or sell farm products that have been cultivated and harvested from my (family) farm or garden. I further understand that peddling or selling products that have not been cultivated and harvested from my (family) farm or garden may result in the confiscation of such products and a citation for operating without an authorized permit.</p>				
PRINT NAME		SIGNATURE		DATE

# NEFM AGREEMENT AND RELEASE WAIVER

By signing this agreement I, \_\_\_\_\_  
please print name above

- Authorize the Northeast Farmers Market to use information I have provided in this application and photos that may be taken of me or my stall area during the season to promote the market or my participation at the market;
- Authorize a designated agent of the Northeast Farmers Market to enter and inspect my greenhouse(s), garden(s), farm(s), or other place(s) of production at any time in order to assess the accuracy of the information provided in my application or to determine if I am in compliance with the Northeast Farmers Market Rules of Operation (failure to allow inspection upon demand may cause you to forfeit your stall);
- Guarantee that I will not sell goods at the market that I have purchased, bartered for, been given, or otherwise come into possession of, but have not produced myself unless the Northeast Farmers Market Board of Directors have approved my request to sell such products as a food market distributor, and I have received a Minneapolis Market Distributor License; (Selling goods that you have not produced, for which you have not been approved, or for which you have not received proper licensing may cause you to forfeit your stall);
- Acknowledge I have read, understand, and agree to abide by the Northeast Farmers Market Rules of Operation;
- Warrant that to the best of my knowledge the information I have provided in this application and in any attachments made hereto is accurate, that my business is fully compliant with all relevant federal, state, and local regulations, and that I have applied for and obtained any necessary permits, licenses, and insurance required to conduct business at the Northeast Farmers Market;
- I agree to only accept EBT for eligible food items as specified by the Supplemental Nutrition Assistance Program (SNAP). It is my responsibility to inform my family and employees of these rules before they sell at the market on behalf of my business or farm;

Furthermore, by signing below,

- I and hereby release, forever discharge and hold harmless the Northeast Minneapolis Farmers Market, the Northeast Business and Area Coalition, the City of Minneapolis, and their successors and assigns, from any and all liability, claims and demands of whatever kind or nature, which arise or may hereafter arise from or in connection with my participation in the Northeast Minneapolis Farmers Market. I take full responsibility for my rented stall space at the market, my equipment and supplies, and all products that I bring to sell at the market.

\_\_\_\_\_  
Signature of vendor/applicant

\_\_\_\_\_  
Date





# Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

**Do not send this form to the Department of Revenue.**

<b>Print or type</b>	Name of business selling or exhibiting at event		Minnesota tax ID number	
	Seller's complete address		City	State      Zip code
	Name of person or group organizing event			
	Name and location of event			
	Date(s) of event			

<b>Merchandise sold</b>	Describe the type of merchandise you plan to sell.

<b>Sales tax exemption information</b>	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf.
	<input type="checkbox"/> This is a nonprofit organization that meets the exemption requirements described below:
	_____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]). _____ Youth or senior citizen group with fundraising receipts of \$10,000 or less per year (MS 297A.70, subd. 13[b][1]). _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

<b>Sign here</b>	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of seller	Print name here
	Date	Daytime phone (    )

**PENALTY** — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

# Information for sellers and event operators

---

Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax. All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

## **Sales tax registration**

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at **[www.taxes.state.mn.us](http://www.taxes.state.mn.us)**.

## **Information and assistance**

If you have questions or want fact sheets on specific sales-tax topics, call 651-296-6181. TTY: Call 711 for Minnesota Relay.

Most sales tax forms and fact sheets are also available on our website at **[www.taxes.state.mn.us](http://www.taxes.state.mn.us)**.

For information related to sellers and event operators, see Fact Sheet #148, *Special Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/7/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>ABAC Agency</b>	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID#:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED  Name of Entity Street Address  City <b>ST 55555</b>	INSURER A : <b>ABC Company</b>		
	INSURER B : <b>DEF Company</b>		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES** CERTIFICATE NUMBER: **11-12 Sample** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	GENERAL LIABILITY			1234567	4/1/2011	4/1/2012 : 0	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			5566778-01	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder is Additional Insured with respect to general liability.

<b>CERTIFICATE HOLDER</b>  Corcoran Neighborhood Organization 3451 Cedar Ave. South Minneapolis, MN 55407	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  