

# 2017 Chaska Downtown Farmers' Market Application

Sponsored in partnership by:



## Applications Due by May 31, 2017

- Location:** City Square Park in Downtown Chaska
- Dates:** Wednesdays June 28 – September 13, 2016 (11 markets) **No Market August 2<sup>rd</sup>.**
- Time:** 3 p.m. – 7 p.m. (Set up at 2p.m.)
- Contact:** Kelly Darcourt  
E-mail: [kelly@swmetrochamber.com](mailto:kelly@swmetrochamber.com) phone: (952) 474-3233

Business or \*Farm Name \_\_\_\_\_

Primary Market Seller \_\_\_\_\_

Additional Sellers \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

\*Address where crops are grown \_\_\_\_\_

\*Do you grow or produce all of your product? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If not, please describe: \_\_\_\_\_

\*Are your products certified organic? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, a copy of your certification by a USDA accredited organization must be attached)

\*Are you selling any processed foods? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Are you selling meat or dairy items? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, a copy of your MN Mobile Retail Food Handler's license must be attached)

\*Are you a member of Minnesota Grown? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, a copy of your MN Grown license must be attached. Items may only be advertised with the MN Grown label if you are a current member)

\*Minnesota Sales tax ID number \_\_\_\_\_

**\* Information needed if you are selling produce, dairy or meats**

**Market Fees**

Full Season (11 -weeks): \$110.00 (10.00 per Week)

Drop-In: \$20.00 per Market Attended (Indicate which dates) \_\_\_\_\_

If you need additional booth space, please let us know we are happy to accommodate your space needs!

**Entire application fee must be included with your application. Refunds are not granted.**

**Market Products**

**Please provide a list of all items you will sell at the market (Items not listed may not be sold.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial Each Statement:**

\_\_\_\_\_ I will conduct myself in a professional manner as a representative of the Chaska Downtown Farmers' Market and local community.

\_\_\_\_\_ I understand that I may not begin setting up before 2p.m.

\_\_\_\_\_ I understand that it is recommended to carry my own general liability and product liability insurance.

\_\_\_\_\_ I understand that failure to comply with these policies will result in a \$20 fine. If behavior continues, suspension and/or expulsion from the market.

**Signature of Primary Seller** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail this Application and Full Payment (Checks made payable to SouthWest Metro Chamber of Commerce):**

**SouthWest Metro Chamber of Commerce**  
7925 Stone Creek Drive (# 130)  
Chanhassen, MN 55317

**If applicable, send licensing information to the address above as well.**

**Questions?**

Email: Kelly Darcourt, kelly@swmetrochamber.com