LCFSI - FARMERS MARKET VENDOR APPLICATION

Application Deadline: April 15th (Pre-season) June 30th (Mid-Season)

Logan county FOOD SYSTEM INITIATIVE

Please complete and return this form with your payment. Completion of this form along with your signature serves as acknowledgement that you have read, understand, and will abide by the Rules & Regulations of the Logan County Food System Initiative, and state cottage industry laws.

Today's Date: _____

Market(s) you wish to participate in (check 1 or more)

LCFM Bellefontaine	Indian Lake
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Name	
Farm/Business Name:	
Name for reimbursement payments: (This is the name that checks will be written to)	
Mailing Address:	
Physical Address: (If different from mailing)	
Website, Facebook, Instagram, or Twitter:	
Email Address:	
Primary Phone: (Cell or Landline?)	
Secondary Phone: (Cell or Landline?)	

Please rank your preferred way of getting information from LCFSI (1: Best method-5: Least Preferred):

___ E-Mail _____ Phone Call _____ Text _____Mail _____ Other

Check which products you plan to bring to market (**** indicates additional licenses may be required, consult with local health department)

Produce	Herbs or Spices	Specialty baked goods (gluten free, paleo, etc)
Meat****	Body Products	Made to order foods****
Cottage Foods	Eggs****	Honey and/or syrup
Bread	Cheese****	Other - please list
Produce Plants	Cut flowers	

Please list all local ingredients you use in your products. Not applicable for produce, plants and animal products:

Check dates you wish to attend the **LCFM BELLEFONTAINE MARKET**, 142 W Chillicothe Ave. Saturdays, May- September 8:30am-Noon. Fees for the season are \$110 for one space or \$220 for a maximum of two spaces. Daily rent for one space is \$25 per day, capped at \$125 for the season.

Мау	June	July	August	September	
4	1	6	3	7	
11	8	13	10	14	
18	15	20	17	21	
25	22	27	24	28	
			31		

Check dates you wish to attend the **INDIAN LAKE MARKET**, Gathering Grounds Lot, 337 E Main Street, Russells Point. Fridays, Memorial Day-Labor Day 5-7 pm. **At this time, there are no vendor fees to participate in this market, insurance is required.**

May	Will Attend	June	Will Attend	July	Will Attend	August	Will Attend
24		7		5		2	
31		14		12		9	
		21		19		16	
		28		26		23	
						30	

Required for all markets: proof of \$1,000,000 product liability insurance for your business - enclose or email a copy.

In signing this form, I hereby acknowledge that I understand and will abide by all rules and regulations of the farmers market as well as all local and state regulations pertaining to food production and retail. I also know that I will be held liable for any legal charges pertaining to my product and have insurance to cover my business in case of a lawsuit.

Signature_____

Print___

Please send this form and make checks payable to: Logan County Food System Initiative PO Box 3 Bellefontaine, OH 43311. Vendor fees may also be paid via Paypal info@locofood.org

Any questions? Contact: 937.404.1209

Sandy Scott for LCFM: <u>lcfm@locofood.org</u>

Lisa Engle for ILFM: <u>ilfm@locofood.org</u>

Interested in Off-Site Educational/Outreach Opportunities? Willing to host a farm tour? Contact a manager or a board member at: <u>info@locofood.org</u>