



Appl. Received	_____
Payment Received	_____
Insurance Expires	_____
Contract Received	_____

Mailings: P.O. Box 579, Davenport, IA. 52805
 Physical Location: 421 W. River Drive, Davenport, IA. 52801
freighthousefarmersmarket@gmail.com
 563-320-8220

2018 SATURDAY & MIDWEEK OUTDOOR MARKET APPLICATION

Name of Applicant: _____

(Check all that apply) Owner Vendor Employee

Business Name: _____

Address (Number, Street, City, State & Zip): _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Web Site: _____

Social Media: _____

Accepted as Payment: (circle all that apply) Debit Credit EBT WIC# _____

Iowa Retail Sales Tax Permit Number: _____

Hazardous Food License: _____ Insurance Provider: _____

License Plate number of all market vehicles: _____

****IMPORTANT APPLICATION INFORMATION****

All applicants must submit a completed application, proof of insurance, and any other required documentation per state and federal law by the deadline listed on this application form to be considered for space assignments. Space assignments are determined by the mapping committee, sanctioned by the Board Chairperson. All late applicants will be considered for the remaining Spaces. Receipt of this application is not confirmation of an assigned space. All vendors approved for a space will be issued a contract which must be signed and returned.

Priority for initial space assignments and for later assignments will be given to the following:

1. Applicants for the full 6 month season.
2. Applicants in good standing from the previous season.
3. Applicants with all locally raised/made products.

Did you vend last year? If so please indicate your space numbers: _____

Please describe any special space requests: _____

PLEASE INDICATE WHICH VENDOR OPTION YOU ARE INTERESTED IN.

Seasonal space (6 months) \$250 per space # of spaces requested _____ Beginning date _____	Daily space \$30 per space (Not to Exceed \$270.00) # of spaces requested _____ List days _____ _____
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This application is due by JANUARY 31st, 2018.

Product Information

(For craft items, skip to #3)

1. Please classify your product: Products not produced by you are considered wholesale. (circle all that apply)

Local (within 100 miles) *Wholesale/imported* *Home Grown* *Pastured*
Certified Organic *Other Certification* *Chemical Free* *Free Range*

(Produce Vendors ONLY) I wish to participate in the "Market Certified 100% Homegrown Program." (Participating vendors must adhere to the rules (end of page) of the program and will receive signage from the market to indicate participation.)

2. Please indicate your products: (circle all that apply)

Strawberries *Melons* *Other Fruit* *Sweet Corn* *Pumpkins* *Other Vegetables*
Poultry *Eggs* *Beef* *Pork* *Other Meat* *Plants/Cut Flowers* *Baked Goods*

Prepared Food/Canned Food (please describe) _____

Concessions/Hot Food (please describe) _____

Other (please do not list every specific item, but type of item) _____

3. Please circle the vehicles and equipment that will be part of your set-up/space:**

Generator *Canopy* *Car/Truck* *Trailer*

Other: _____

**Outdoor spaces are 9ft wide.

4. CRAFT APPLICANTS: Please provide on a separate sheet, a complete listing of your craft(s), materials used, percentage that is handmade, 5 pictures either attached or emailed that show your craft, and how long you have vended with the Freight House Farmer's Market.

I give permission for the FHFM to post pictures of me and/or my products(s), as well as consent for my contact information to be given to returning and potential customers.

Applicant Signature _____ **Date** _____

Market Certified 100% Homegrown Program

Because the Freight House Farmers' Market allows both homegrown and brokered produce, and because it's clear that customers are oftentimes confused about differentiations between the two, the Market Board has initiated this program as a service to customers. Vendors participating in this program agree to go beyond in order to earn this designation.

Expectations of qualifying vendors include:

1. Growing fresh garden produce. (honey, meats, and other food and non food products will not qualify at this time).
2. Pledging that all the produce they sell will be homegrown by the vendor/ farm.
3. Allowing a seasonal inspection conducted by other members of the program.
4. Conducting a personal inspection of other members of the program.
5. Several members should sit on a Homegrown Program Committee in order to communicate with the Board of Directors and to administer the program. All decisions are subject to board oversight and approval.
6. Participants will receive a sign from market. It is expected that the vendor display the sign. If a participant wishes to sell brokered produce they must withdraw from the program. Not putting the sign out does not make reselling allowable within the program. The sign is property of Market and must be returned in good condition at the end of the contracted season.