

**Checklist to make sure your application is complete.**

Application \_\_\_\_\_

Fee \_\_\_\_\_

Directions to your farm or production facility (a Google Map print-out works fine) \_\_\_\_\_ Commercial/Product Liability Insurance Certificate \_\_\_\_\_

Market Agreement (signed) \_\_\_\_\_

Growing Practices Certifications (if applicable ~ i.e. Organic, Biodynamic) \_\_\_\_\_ Food Handling License (if applicable) \_\_\_\_\_

Food Processing Certifications (if applicable) \_\_\_\_\_

Health Department Licenses/Permits/Certifications (if applicable) \_\_\_\_\_

Other Contractual Agreements (if applicable) \_\_\_\_\_

Short bio & photo of you or your farm for our website (please submit electronically)

CONTACT INFORMATION Vendor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

County or Township: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Additional Contact Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

OTHER GENERAL INFORMATION Type of Business (i.e. Sole Proprietor, Corporation, LLC, Partnership)

Brand and size of canopy (or canopies) \_\_\_\_\_ (The manufacture's canopy fire-retardance documentation must be visible in or on your tent)

Other markets and direct marketing sales in which you participate: \_\_\_\_\_

Best day(s), time(s) and month(s) for a visit: \_\_\_\_\_

Location(s) where product(s) are grown/raised/made if different from address above: \_\_\_\_\_

\*\*\*Please attach directions to your farm or location where your products are processed or prepared. You can link to or print a Google map with "2050 Western Avenue" as the starting point. \*\*\* Please attach a copy of licenses/permits, certifications or other contractual agreements pertinent to the products you want to sell at the market. \*\*\* List name and contact information of other potential vendors that you recommend we contact to participate in the Guilderland Farmers Market:

PRODUCTS AND PRODUCTION PRACTICES Farmers & Growers: Check each category in which you plan to bring product to market: Fruits: \_\_ Vegetables: \_\_ Cut-Herbs: \_\_ Cut-Flowers: \_\_ Meat: \_\_ Poultry: \_\_ Seafood: \_\_ Eggs: \_\_ Dairy: \_\_ Honey: \_\_ Mushrooms: \_\_ Bedding Plants/Flowers: \_\_ Potted Herbs: \_\_ Fiber: \_\_ Other (please specify):

\_\_\_\_\_ Which food assistance programs are you trained and equipped to accept directly from customers to purchase your products at the market? \_\_ SNAP \_\_ FMNP (WIC) \_\_ SFMNP (Seniors) \_\_ WIC FVC (Fruit & Veggie Checks) Total Acreage: \_\_\_\_\_ Cultivated Acreage: \_\_\_\_\_ (Please include leased acreage) Do you have any of these certifications, and, if so, how many acres are under certification? Certified Organic Food Alliance Certified "Sustainable"? Certified Biodynamic, Certified Naturally Grown, Good Agricultural Practices (GAP) Other Certification(s) Certified Acres Other Certifications:

\_\_\_\_\_

\*\*\*Please attach copies of any of the above certifications to your application.

\*\*\* Do you use Integrated Pest Management Practices (IPM)? \_\_\_\_ Yes \_\_\_\_ No In the space below, please explain your growing practices and agricultural or other products used to enhance a) pest management, b) weed control, and c) soil amendments.

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

Do you grow and/or raise all products or ingredients that you plan to sell at the Guilderland Market? \_\_\_\_ Yes

If no, explain:

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

Producers (i.e., meat, fish, poultry, eggs, dairy):

Are your animals pasture-raised? \_\_\_\_\_ Kept indoors? \_\_\_\_\_ Combination? \_\_\_\_\_ Please explain your pasture-based practices: \_\_\_\_\_

Do you use any feed additives or injectables to supplement the animals' normal diet? \_\_\_\_\_ If so, what do you use? \_\_\_\_\_

Do you use any hormones or antibiotics to maintain the animals' health? \_\_\_\_\_ If so, what do you use? \_\_\_\_\_

Are your ruminant animals grass-fed only? \_\_\_\_\_

If grain-fed/finished, how many weeks are they fed grain before slaughter? \_\_\_\_\_ Please describe your nutrition program and health-maintenance practices (for ruminants and non ruminants): \_\_\_\_\_

Where are your animals processed? \_\_\_\_\_

Processors & Prepared Food Vendors: (i.e., bakery goods, coffee, cheese, ciders, dairy products, jams and jellies, maple syrup, soap): Check the type of product that you plan to bring to the market: Breads & Baked Goods: \_\_\_ Cheese: \_\_\_ Coffee: \_\_\_ Jam & Jellies: \_\_\_ Ciders/Juice: \_\_\_ Maple Syrup: \_\_\_ Granola: \_\_\_ Soap: \_\_\_ Wine: \_\_\_ Adult Beverage: \_\_\_ Meats/fish/shellfish: \_\_\_ Hot or cold prepared foods: \_\_\_ Other (please specify): \_\_\_\_\_

List the major ingredients produced BY YOU that go into your products. If there aren't any, please explain: \_\_\_\_\_

List the farmers and/or growers who provide ingredients for the product(s) you are making. \_\_\_\_\_

If accepted, prepared food vendors must submit lists of ingredients (not recipes) for products to be sold at the market, and must provide these on customer request. For wine vendors, adult beverages. You must ask each customer to show proper age identification. Please attach your offsite permit to this application. Will you be cooking foods at the market? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: Method of cooking: \_\_\_\_\_ Fuel source: \_\_\_\_\_

\*\*\*If you are required to have a health department permit license or safe food handling certificate, please attach a copy to the application.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_