

Limited (220 & 110) electricity is available for an additional \$20 per stall.

Do you want electricity? Yes ____ Amps ____ Yes, but I will provide my own ____ No, not needed ____

Address where crops are grown or items are produced: _____
(This information MUST be provided and we reserve the right to inspect location at any time before or during the market season.)

Do you grow or produce all your items? yes no
If not, please explain _____

Are your items certified organic? yes no If yes, include a copy of your National Organic Standard certificate as provided by a USDA accredited agent.

Are you selling any canned/processed food items? yes no

Are you selling any meat products? yes no
If yes, where is the meat processed? _____

Are you a member of Minnesota Grown? yes no

Are you a registered Farmers Market Nutrition Program vendor? yes no

List other farmers markets attended _____

Minnesota sales tax ID number (if applicable) _____

What food related licenses do you currently hold? (Include copies with this application of any license listed.)

Additional licensing from the Hennepin County Community Health Department may be required to participate in the market. Please contact them at 612-543-5200 to ensure that you are fully licensed.

Please list all items you intend to sell at the market. (Add additional page if necessary.) Items *not* listed may *not be sold*. **If application is accepted, any additions to items sold must be submitted in writing and cannot be sold until approved by Market staff.**

Please check **ALL** days you plan to attend the market. We understand plans may change, but you must contact us (763-494-5955) if your attendance will be different than the days listed here.

- | | | |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 14 | <input type="checkbox"/> August 2 | <input type="checkbox"/> September 13 |
| <input type="checkbox"/> June 21 | <input type="checkbox"/> August 9 | <input type="checkbox"/> September 20 |
| <input type="checkbox"/> June 28 | <input type="checkbox"/> August 16 | <input type="checkbox"/> September 27 |
| <input type="checkbox"/> July 5 | <input type="checkbox"/> August 23 | <input type="checkbox"/> October 4 |
| <input type="checkbox"/> July 2 | <input type="checkbox"/> August 30 | <input type="checkbox"/> October 11 |
| <input type="checkbox"/> July 19 | <input type="checkbox"/> September 6 | <input type="checkbox"/> October 18 |
| <input type="checkbox"/> July 26 | | |

Please check:

- I have read and agree to abide by all City of Maple Grove Farmers Market guidelines and rules.
- I understand that, once I receive written confirmation of my acceptance, the season fee is non-refundable.
- I agree that the City of Maple Grove and the Maple Grove Parks and Recreation Board, and their respective officers, employees, agents and consultants are not liable for any injury, theft, loss, or damage of any kind to either the buyer or seller, or their property, arising out of or pertaining to preparation for or participation in the Maple Grove Farmers Market; whether such injury, theft, loss, or damage occurred prior, during, or after the Maple Grove Farmers Market, I further agree to indemnify, defend and hold harmless the City of Maple Grove and the Maple Grove Parks and Recreation Board and their respective officers, employees, agents and consultants for and against any claims for such injury, theft, loss, or damage .
- I understand that it is recommended that I carry my own general liability and product liability insurance, as the City of Maple Grove does not provide this coverage.
- The City of Maple Grove takes pictures and videos of people participating in/attending the Maple Grove Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and me for this purpose.

Completed applications from returning vendors received by February 10, 2012 will be considered first and notified of their status by March 1st. New vendor applications are considered for acceptance throughout the season. Full refund of the season fee will be given to any application that is not accepted.

Mail the following to: Maple Grove Farmers Market, P.O. Box 1180, Maple Grove, MN 55311

- This **completed application** (above boxes must be checked and signature/date below required)
- **Season fee** (make checks payable to the City of Maple Grove or see attached credit card option). Refund of the season fee will be given to any application that is not accepted.
- **MN Department of Revenue Form ST-19**
- **Photo of primary seller.** This will be used in creating a license which must be displayed by the vendor each week. (Not necessary if you participated in the 2011 outdoor market.)
- **Photo of your booth/product/display (new applicants only)**

Fee per stall: 1 stall=\$250 1½ stalls=\$375 2 stalls=\$500
(1 stall = 2 parking spaces; 1½ stalls = 3 parking spaces; 2 stalls = 4 parking spaces)

Don't forget to include the \$20 electricity fee if applicable

Please keep in mind that incomplete information or failure to include all forms could delay your acceptance. Incomplete applications will be returned in their entirety to the vendor.

Signature of primary seller: _____ **Date:** _____

Call 763-494-5955 or email farmersmarket@ci.maple-grove.mn.us with questions.



Use this sheet for credit card information only.
It will be destroyed after the payment
has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

TO PAY BY CREDIT CARD VISA MASTERCARD DISCOVER AMERICAN EXPRESS	Name as it appears on credit card _____ <div style="text-align: right;">Please print</div>
	Billing address for credit card: _____ <div style="text-align: right;">Street address</div>
	<div style="display: flex; justify-content: space-between;"> _____ City _____ State _____ ZIP </div>
	Type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
	Expiration Date ____ / ____ / ____
	Card Number _____
	CSV # _____ (3 digit number on back of card / on front for American Express)
	\$ Amount _____ (add \$20 for electricity if applicable)
	Cardholder signature: _____
	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.

Print or type

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			

Merchandise sold

Describe the type of merchandise you plan to sell.

Sales tax exemption information

Complete this section if you are not required to have a Minnesota tax ID number.

I am selling only nontaxable items.

I am not making any sales at the event.

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.

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.

Sign here

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.

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.

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.

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.