



# West Broad Farmers Market 2018 Vendor Application

Welcome! We are thrilled you have chosen to join the West Broad Farmers Market (WBFM). We hope you will join us in our mission to increase the availability of fresh food downtown and create a neighborhood economy for this community. We look forward to seeing your business thrive.

**For staff use only:**

Comments:

Date completed application submitted:

Decision (circle): Y      N      Date:

Date & Method to Inform Applicant:

**Applicant Information**

Contact Name(s): \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Business/Service Information**

Business/Service Name: \_\_\_\_\_

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

Business Ownership (Check all that apply):

Family Owned     Corporation     Limited Partnership     Other:

If you can, please describe your business or service. This may include history and philosophy. What do you do? How long have you been doing it? Do you do this full-time or part-time? What are your plans/goals for the future? Where do you currently sell your products or provide your service? Please include any other information you feel is important. Attach copy of your business license if applicable. Separate pages may be attached if more space is required.

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Please list **all** the names of employees or family members who are authorized to sell for you, including yourself, if applicable. Designate primary contact and number to call on Saturday morning if necessary:

***Primary Contact***

Name                                      Phone                                      Relationship to you (self, spouse, etc.)

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**Other Authorized Personnel**

Name	Phone	Relationship to you (self, spouse, etc.)

List what you plan to sell or provide at the West Broad Farmers Market. Arts/crafts applicants must include photos or a website link with examples of your work. If you are a performer, you must include a link with examples of your previous performances - social media profiles are acceptable. Separate pages may be attached if additional space is required.

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**West Broad Farmers Market Information**

Check Yes or No:

Are you interested in serving on the West Broad Farmers Market Advisory Council?  
 You would be expected to attend monthly meetings over the course of one year. Yes  No

Have you had a booth at the West Broad Farmers Market in the past? Yes  No

Do we have permission to post information about your business on the Athens Land Trust website and on our social media sites? Yes  No

Should you become a vendor, would you need electricity? Yes  No

Are you interested in participating in development classes (i.e. licensing, business planning, marketing, advertising, etc.) Yes  No

**Attendance**

**Please note: market hours of operation for the 2018 season will be from 9 a.m.-1 p.m. Set-up begins at 7:45 am, table & tent provided. Please bring chairs, cash box w/ change, company signage, & your goods for sale.**

Check the options and dates you are requesting to participate in the Farmer’s Market:

\_\_\_\_\_ I intend to participate every Saturday of the 2018 season (April 28 - December 15)

\_\_\_\_\_ I intend to participate ONLY on the Saturdays and/or season listed below for the 2018 season.

**Spring**

**Summer**

**Fall**

<input type="checkbox"/> May 5 <input type="checkbox"/> May 12 <input type="checkbox"/> May 19 <input type="checkbox"/> May 26 <input type="checkbox"/> June 2 <input type="checkbox"/> June 9 <input type="checkbox"/> June 16	<input type="checkbox"/> June 23 <input type="checkbox"/> June 30 <input type="checkbox"/> July 7 <input type="checkbox"/> July 14 <input type="checkbox"/> July 21 <input type="checkbox"/> July 28 <input type="checkbox"/> August 3	<input type="checkbox"/> August 11 <input type="checkbox"/> August 18 <input type="checkbox"/> August 25 <input type="checkbox"/> September 1 <input type="checkbox"/> September 8 <input type="checkbox"/> September 15	<input type="checkbox"/> September 22 <input type="checkbox"/> September 29 <input type="checkbox"/> October 6 <input type="checkbox"/> October 13 <input type="checkbox"/> October 20 <input type="checkbox"/> October 27 <input type="checkbox"/> November 3	<input type="checkbox"/> November 10 <input type="checkbox"/> November 17 <input type="checkbox"/> December 1 <input type="checkbox"/> December 8 <input type="checkbox"/> December 15
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## **Multiple Vendor Categories**

Select all categories you are applying to:

- Value-Added       Farmers/Growers       Artisans/Crafters       Services
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Depending on the category you are applying to, complete the required sections below:

**Farmers/Growers:** complete Sections **1, 2, 3, 4, 5, 6, and Income Verification Form**

**Value-Added Foods Vendors:** complete Sections **1, 2, 3, 4, 6, and Income Verification Form**

**Arts/Crafts Vendors:** complete Sections **1, 2, 6, and Income Verification Form**

**Services:** complete Section **6**

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## **Section 1**

### **Vendor Pricing**

We offer the payment options below. Select your choice below. Each includes a table and tent. Installment plans are available.

***Grow Your Business Discount:*** Attend 6 sessions of the Grow Your Business class and get 10% off!

- Pay by entire season:** \$330 for 33 markets. Due by March 31, 2018.
- Pay by calendar season:** Select your target season below:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$80 for Spring<br>Due by April 21, 2018 | <input type="checkbox"/> \$130 for Summer<br>Due by June 16, 2018 | <input type="checkbox"/> \$120 for Fall<br>Due by September 15, 2018 |
|---|---|--|

## **Section 2**

### **Demographic Information**

The following questions are required for our records, but will not impact your application status:

Please specify your Race (select all that apply):

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Multi Racial/Other            | <input type="checkbox"/> White |

Please specify your ethnicity:

- Hispanic or Latino       Not Hispanic or Latino

***Income verification, required for grant purposes:*** Complete the Income Verification Form and attach all applicable documents. **Any applications without a completed Income Verification Form and at least one proof of income will not be reviewed.**

## **Income Verification Form**

Athens Land Trust's Community Agriculture Program coordinates several projects in conjunction with the Athens Clarke County Housing and Community Development Department (HCD). These programs are funded through the Community Development Block Grant (CDBG) program. Our programs target families and individuals whose household income is at 80% or below of the Area Median Income for Athens Clarke County. Because of this, we are required to obtain income verification documents from all program participants. The following documents can be submitted as proof of income:

1. Current pay stubs that reflect the previous **2 months** of employment
2. Income Tax Returns for the last year including W2's or IRS Transcripts
3. Current Social Security statements and/or public assistance documents (*if applicable*)
4. Disability benefit statements or SSI benefit statements (*if applicable*)
5. Pension statement/checks (*if applicable*)
6. Evidence of child support or alimony, (*if applicable*)

Please complete the following income verification sheet, and submit **AT LEAST ONE** of the documents mentioned above. We can make copies for you, if needed. Your application cannot be fully processed without this information. If you have any questions, please feel free to contact the Community Agriculture Director at 706-613-0122.

<b>INCOME:</b>	<b>MONTHLY AMOUNT:</b>
Wages	
Part-time/Seasonal	
Retirement Pension	
Social Security benefits	
Disability or SSI	
VA benefits	
Unemployment Compensation	
Alimony	
Child Support	
Other	
<b>Total</b>	

I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s) on this pre-application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this pre-application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Section 3**

Check Yes or No:

Would you be interested in purchasing locally produced agricultural products (such as fresh fruits & vegetables) to use in products you intend to produce and sell?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Would you like your business to have access to an affordable, certified community kitchen?

<input type="checkbox"/>	<input type="checkbox"/>
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If you would like access to a community kitchen, what would you like to be able to do in it?

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### **Section 4**

#### **Required Permits and Licenses (copies must accompany application)**

Value-Added Food Vendors are required to complete an approved food safety course. It is recommended that farmers complete an approved food safety course. Please see WBFM Operating Policies for complete requirements.

Attach copies of the following certificates if they apply: CNG Certificate, Egg Candling License, Live Plant License

Food Handler Permit # (required to serve food or samples)	
GADA Food Processor's License # (for preserved foods not covered under the Cottage Foods Act)	
Health Dept. Approved Kitchen # (for processed or preserved foods)	
Kitchen Address	
Other Permits applicable to your business	

### **Section 5**

Farm Location: \_\_\_\_\_

Farm Size (Acres or square feet): \_\_\_\_\_ Years of Operation: \_\_\_\_\_ Year Started: \_\_\_\_\_

Farm Ownership (Circle your answer):    Owned                      Leased

**Note: The WBFM requires that all Farmers/Growers be "Certified Naturally Grown or Organic." Farms may be in transition to one of these certifications, but will be subject to a review six months from application. All applicants are subject to a farm visit before admission to the WBFM. Attach copies of all certificates.**

Farming Practices (Check all that apply):

- |  |                                      |        |
|--|--------------------------------------|--------|
| <input type="checkbox"/> Certified Naturally Grown | Certified by:                        | Since: |
| <input type="checkbox"/> Organic                   | Certified by:                        | Since: |
| <input type="checkbox"/> Transitional              | When do you expect to be certified?: |        |

If transitional, when will you complete your transition period to Certified Naturally Grown or Certified Organic?

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Other Certifications:

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Check Yes or No:

Would you be willing to work directly with someone producing and selling a food product (i.e. grow cucumbers for their pickle business)?

Yes

No

Are you interested in being included in a farmer network with the goal of collectively selling to institutions such as restaurants and hospitals?

Please include information pertaining to land and water use, such as water source, use of animal manure and harvest methods.

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## **Section 6**

### **Affirmation**

I affirm that all statements made and information provided by me in this Application are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

To mail completed application and all required documents, send to:

**West Broad Farmers Market Application**  
**Attn: Market Manager**  
**685 N. Pope Street**  
**Athens, GA 30601**

To email completed application and all required documents, send to:

[wbfm@athenslandtrust.org](mailto:wbfm@athenslandtrust.org)

*For questions or additional information contact:*

(706) 613-0122

[wbfm@athenslandtrust.org](mailto:wbfm@athenslandtrust.org)