

2024 Cowley Farmers Market Association Membership Application

First, Last Name _____

Business Name _____

Mobile Phone _____ Alternate phone _____

Mailing Address _____

Email _____

Business website or social media _____

Preferred communication method: text to mobile number email

Vendor type: Mark all that apply

- | | |
|---|--|
| <input type="checkbox"/> Artisan- craft – service | <input type="checkbox"/> Baked goods |
| <input type="checkbox"/> Produce (including honey, herbs & food bearing plants) | <input type="checkbox"/> Meat, eggs, nuts |
| <input type="checkbox"/> Hot, ready to eat items | <input type="checkbox"/> Plants (not food bearing) |
| <input type="checkbox"/> Other _____ | |

Anticipated Market locations

- Arkansas City Farm & Art Market (Tuesdays, 5-7 p.m.)
 Walnut Valley Farmers Market – Winfield (Saturdays, 8 a.m. – 11 a.m.)

For produce vendors only:

Are you registered to accept Kansas Senior Farmers Market Nutrition Program checks?

- Yes Not registered, but interested in learning more No or not eligible

Provide a detailed description of items you will be selling in your booth.

Vender history

- I am a new vendor in 2024
 I was a vendor in 2023
 I have been a previous vendor but was not active in 2023. List years:

Are you interested in the Cowley Farmers Market Vendor Mentor program – to either be a mentor or mentee?

- Yes Maybe No

If you are a new vendor, pictures of products, garden, and/or farm are required. Please list a website or email photos to cowleyfarmersmarketassociation@gmail.com

Please enter your initials to confirm agreement:

____ I have read, understand, and agree to abide by the Cowley Farmers Market Association Rules and Regulations (available at risecowley.org – farmers market – existing vendors)

____ I have read, understand, and agree to abide by the Food Sold Direct to Consumers in Kansas: Regulations and Food Safety Best Practices, Jan. 2024- Kansas Department of Agriculture (KDA) for food safety.

____ I am self-protected with product liability and personal injury insurance and understand that the Cowley Farmers Market Association does not accept responsibility for vendor’s merchandise or any item that might cause injury to a customer.

____ I understand that I am responsible for collecting sales tax and the filing of my individual sales tax for the state of Kansas.

I have my own Kansas sales tax number; enter number here: _____

I would like help obtaining my own Kansas tax number

I will be using the market’s Special Events tax number.

In consideration for accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, beneficiaries, legal representatives, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cowley Farmers Market Association, its coordinators, managers or board of directors for any and all injuries suffered by me in any CFMA sponsored event.

Further, I hereby grant permission to CFMA staff/board to use my photographs, videos, recording, or any other media format of this event for any legitimate purpose.

Vendors must read all guidelines, complete this vendor registration form, and pay vendors fees before the first day to sell at a market. You will be emailed copies/links to these documents.

Signature of vendor/responsible party (must be over age 18):

Date:

Cowley Farmers Market Association – PO Box 221 – Arkansas City KS. 67005

Stephanie Long, Market Manager, (620) 660-8953. cowleyfarmersmarketassociation@gmail.com

CFMA Membership fees for 2024 - \$25

Market booth fees will be \$7 per spot per market paid to the market manager.

The CFMA Membership committee will review applications. Please note that not all applications will be approved since at least 50% of CFMA members must sell produce.