

---

# Cherokee Street Farmers Market

---

## Vendor Agreement

Name \_\_\_\_\_ Name of Business/Farm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Emergency contact name/phone \_\_\_\_\_

When did you start Farm/Business \_\_\_\_\_

- Products  Grower/farmer (fruits, vegetables, plants, flowers)  
 Grower producing prepared products on farm (jams, baked goods, honey, dairy)  
 Business (bakery, using farm products, coffee, chocolate, art, craft etc)  
 Artist, Craftsperson  
 Organization, non profit or group  
 other Describe: \_\_\_\_\_

What will you sell at the farmers market? Please be specific.

---

---

Are any vendors involved or selling any products with an international story, back round or origin?

Acres \_\_\_\_\_ Your products are: Certified organic \_\_\_\_\_ sustainable \_\_\_\_\_ conventional \_\_\_\_\_

Please provide information you would like the public to see about your business for the Market web site. Please provide web address if you would like it linked to our website.

---

---

### **Friday Market 4-7pm** Seasonal market 21 weeks

No. spaces desired \_\_\_\_\_ \$100 for 10' wide space \_\_\_\_\_ \$5 per day (early bird \_\_\_\_\_)

Spaces come with a table and tent though this is not guaranteed with this contract.

Interested in sharing space? \_\_\_\_\_

Open Spaces are on a first come first basis; Vendor is responsible for all required licenses, liability insurance and taxes. I have read CSFM rules, regulations and bylaws and agree to abide by them. Please make checks made out to CAMP, PO Box 2185, St. Louis, MO 63158. I indemnify and agree to hold harmless the City of St. Louis, SLDC, LRA, CSFM, CAMP, and SCG, staff, Board, and volunteers, from and against any and all liability, damage, expense, cause of action, suits, claims, penalties, or judgments arising from injury to person(s) sustained by anyone as a result of consuming food acquired from me and/or resulting in any way from the operation of my stall/stand and /or vehicle.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_



# Vendor Agreement: SNAP/ EBT food stamp dollars

Name \_\_\_\_\_ Name of Business/Farm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State\_\_ Zip\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Emergency contact name/phone \_\_\_\_\_

## Vendor Instructions on EBT program:

1. Customers will swipe their EBT card and receive Cherokee market dollars to purchase products in whole dollar amounts.
2. No change is given in less than \$1 increments.
3. Vendors cannot exchange cash for food stamp benefits.
4. Vendors should display the EBT sign provided by the market.
5. Vendors turn in their Cherokee Market dollars at the end of the day and will receive payment the following Saturday.
6. All vendors will participate in the EBT program.

Eligible goods: vegetables, fruit, dairy products, meat, eggs, bread, jam, seeds and plants that produce food.

Ineligible goods: flowers, shrubs, non edible plants, cut flowers, hot food, decorative plants, and pet food.

I agree to follow the above rules and all EBT / SNAP benefit regulations. I understand that failure to abide by this agreement means that I will not be reimbursed for dollars collected incorrectly and may lose my approval to accept Cherokee Market dollars and participate in the market.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

