Sarasota Farmers Market

Sarasota Farmers Market Vendors Inc. (SFMV, Inc.) PO Box 365, Sarasota, FL 34230 (941) 225-9256 www.sarasotafarmersmarket.org



New Vendor Application	(please print clearly)	Date:
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Please Note:

- Applications are only accepted by mail and will not be accepted at the Market.
- All applicants may be subject to a background check.
- Applications are reviewed quarterly and will be acknowledged by email within 1 month of receipt.

Company Name:
Owner(s):
Mailing Address:
City, State, Zip:
Email Address:
Phone Number: Alt. Phone:
Address of Physical Location of Business:
Business Website:
Business Facebook: Instagram:
Applicant Category: Plants Produce Artisan Food Space Requested:
Do you require electricity? Yes / No If yes, why?
Have you been to our market before? Yes / No If yes, when?
What other markets are you currently active in?
Please tell us how your product connects with a farmers market focus:

Products:
The Sarasota Farmers Market is only accepting artisans who make their own product, with a priority on products that are produced/sourced locally. Please carefully list what you wish to sell and estimate the percentage of each product. If it is not on your application, it will not be approved.

Permitting: Do you currently carry commercial li				
Do you have a Business License? Yes	/ No Where is it	registered?		
*For Food Vendors Only: We require operate out of a licensed commercial			•	ida and
Type of Food Permit:	Licens	se #:		
 If permitting is in process, plea 	ase explain:			
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Fees:

- Rent is \$150/month (taxes included) per 10 linear feet (\$15/foot), up to the first 20 feet. After 20 feet, Vendors pay an additional \$140/month (taxes included) per 10 linear feet (\$14/foot).
- All Vendors pay an annual \$100 membership fee (due upon signing a yearly contract).

Acknowledgement: I understand that the Sarasota Farmers Market is a year round market, every Saturday, rain or shine, 7am-1pm, and that an owner will be required to be present every Saturday. I understand that I am required to carry Commercial Liability Insurance. I understand that this application does not guarantee acceptance into the Sarasota Farmers Market.					
Signature:					
Printed Name:	Date:				
Submit Application:					
Please send us pictures, brochures, and other relevant data for consideration. *Please note, these will not be returned to you. Your application will remain on file for one year. The market is looking for unique products. Should your product fit our current focus or needs, we will contact you.					
Mail your completed application to:					
Sarasota Farmers Mark					
PO Box 365					
Sarasota, FL 34230					
All applications will be submitted to the New Vendor Committee. The Committee meets quarterly to review applications in January, April, July, and October. If they feel it could be a possible fit for the market, applicants will be asked to attend a board meeting for a 5-minute presentation and interview by the board.					
Office Use only:					
Date Received:	-				
Category: Outcome:					

Revised: 6/22/2021