

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: _____

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.

Are your products made locally or are local products used to make your product? Whether yes or no, please describe. _____

LICENSES AND PERMITTING:

Do you currently carry commercial liability insurance? (Required for all Vendors) Yes / No

Do you have a Business License? Yes / No Where is it registered? _____

***For Food Vendors Only:** We require all Food Vendors to be fully permitted by the State of Florida and operate out of a licensed commercial kitchen. We do not accept cottage food.

● Type of Food Permit: _____ License #: _____

● If permitting is in process, please explain (Priority given to Vendors with all permitting in place):

● Do you operate out of a commissary or licensed commercial kitchen? Please list:

***For Plant Vendors Only:** Do you have a nursery license? (Required) _____

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 a business owner will be required to be present every Saturday.

___ I understand that I am required to carry Commercial Liability Insurance.

___ I understand that submitting 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 items 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 Market
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 10-minute presentation and interview by the board.*

Office Use only:

Date Received: _____

Category: _____

Outcome: _____