

**Please check one :**

- Returning Vendor**
- New Vendor**

**Waxhaw Farmers Market**

27283 Waxhaw Parkway

Waxhaw, NC 28173

**Main Season:** April - December

**Winter Season:** January - March

## Waxhaw Farmers' Market Vendor Application

**Business Name:** \_\_\_\_\_

**Check your primary classification:**

- Farmer** of produce, berries, mushrooms, nuts, honey
- Livestock Farmer** of meats/dairy/ eggs/cheese
- Gardener/Grower/Nursery Dealer** of plants/flowers
- Fisherman from the Carolina Coast**
- Preparer** of specialty food/beverage or value-added goods
- Crafter** of natural materials, natural produce use, handmade, and/or farm crafts
- Food Truck or Mobile Trailer**
- Non-Profit Organization**
- On-site Artisan**

**How often do you plan to attend?**

- Full-time**
- Part-time**
- Occasionally as a guest**

**When do you plan to attend?**

*check all that apply*

- Main Season** (April - December)
- Specific Season** (indicate below)
- Winter Market** (January - March)
- Wednesday Market** (June - August)

**Who We Are:** The Waxhaw Farmers' Market ("WFM") was established in 2001. We aim to promote the direct marketing of farm products and value-added agricultural offerings from the original producer to the consumer. We are a 501c6 non-profit organization. Our Board of Directors includes market vendors and community members. We are a year-round, rain-or-shine, producers-only market.

**Our Goal:** To promote direct marketing of farm products and value-added offerings, from the original producer, to the consumer. Since we are a "producer-only" market, the potential vendor must raise, grow, gather, bake, or make offerings to be sold at the market. The goal of our organization is to operate a Farmers Market within the surrounding Waxhaw area in order to support local farms as a viable part of the community. It is the market's mission to not only provide fresh, local food and foster the direct relationship between farmers and customers, but to enhance the quality of life in the local area by providing a community gathering location. The WFM strives to educate its customers on the benefits of quality fresh locally grown foods and healthy eating. The success of our market is determined by the quality of our offerings and the integrity with which we treat our customers.

**Application Requirements:** Please review the Market Rules and Regulations to make sure that you meet the requirements to become a vendor.

- ✓ **Application:** pages 1, 3, 4, the section that pertains to your business, 10, 11, 12, & 13
- ✓ **Rules and Regulations:** pages 8, 9, & 10
  1. Initialized and signed Code of Sales
  2. Code of Conduct
  3. The Acknowledgment page
- ✓ **Non refundable application fee** of \$25
- ✓ **All applicable documentation:** whatever documentation is required for your business

Submit your documentation to:

- Email: [info@waxhawfarmersmarket.org](mailto:info@waxhawfarmersmarket.org)
- Mail: Waxhaw Farmers Market PO Box 343 Waxhaw, NC 281731

**\*\*Please note the application will not be reviewed unless the processing fee is presented**

### **Application Review Process:**

- Applications submitted BEFORE the beginning of the main season in April, will be reviewed by the Board of Directors during the winter season. After the start of the main season, applications will be reviewed periodically.
- All farms, gardens, and animal dwellings will be inspected prior to approval of application.
- Returning vendors who have complied with the rules and regulations, adhered to the ethical code of sales, and have maintained good communication with the market manager throughout the year, will have first priority in the review process.

***\*\*ONLY fully completed applications will be considered for review.***

### **Application Decision:**

- The decision to accept or reject an application is based on whether or not:
  - The vendor's offerings are in alignment with the Market's mission.
  - The vendor's offerings are in compliance with federal, state, & local laws plus the market's rules and regulations.
  - The vendor and the offerings will be a good fit for the market as a whole.
  - The offering is a "high-demand" fit for our customers' wants.
  - The offerings will cause saturation as other vendors are able to satisfy customer needs/wants.
  - Satisfactory inspection report of farm/nursery/kitchen/workspace
- An email will be sent out from the market manager regarding acceptance status.
- All approved full and part time vendors will be required to pay a \$150 membership fee before the main season begins.

Date: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Business/Farm Physical Address:

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Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Media Sites:

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

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

Why would you like to be a vendor at the WFM?

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How many miles will you travel to sell at the Waxhaw Farmers Market? \_\_\_\_\_

Tell us about your business: Describe your business/farm and submit pictures:

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**Booth Space Request:**

Booth sizes and associated rental fees - guest vendors will pay an additional \$5 per booth fee, if applicable. Non profits, sponsors, donors, and supporters of the market will not incur a booth fee.

- 10' x 10' = \$20
- 20' x 10' = \$40
- Food Truck = \$25

**Electricity Request:** Will you need electricity?

- Yes
- No

If yes, What will the electricity be used for?

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What amperage/volts will be needed to run your equipment? \_\_\_\_\_

\*You must bring a heavy duty, 10 or 12 gauge, outdoor extension cord and mat to cover the cord. The cord is not to be excessive in length as outlets are accessible to all booths. Use of electricity is at your own risk.

**Market Presence:**

Do you sell at other markets?

- Yes
- No

If yes, where?

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Who will be present to sell your products at the market?

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## Farmer:

- What variety of crops do you grow?

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- Do you farm full or part time? \_\_\_\_\_

- How long have you been farming? \_\_\_\_\_

- How much area do you have in production? \_\_\_\_\_

- How long has the area been under cultivation? \_\_\_\_\_

- What water source is used to water growing produce and wash harvested produce? \_\_\_\_\_

If well water, a copy of water testing is required

- Where do you purchase your seeds, spores, or plugs? \_\_\_\_\_

- Are any of the seeds GMO? \_\_\_\_\_

- Please explain your practices/products for pest management, weed control, fertilizers, and soil amendments. Are they organic?

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- What kind of fertilizer do you use? \_\_\_\_\_

- Do you have any certifications? \_\_\_\_\_

- Do you request to have other offerings at your table?

Yes

No

Describe: \_\_\_\_\_

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## Livestock Farmer:

- What items will you produce from your livestock? \_\_\_\_\_

- How much livestock do you have on your land? \_\_\_\_\_

- Are your livestock pasture-raised?

Yes

No

- Where are they kept?
  - Indoors
  - Outdoors
  - Both
- How much area do they have to pasture? \_\_\_\_\_
- For how long each day are they outside? \_\_\_\_\_
- What feed do you offer your livestock? \_\_\_\_\_
  - Is it organic?
    - Yes
    - No
  - Do you supplement with soy (even if it's organic)?
    - Yes
    - No
  - Do you supplement with corn (even if it's organic)?
    - Yes
    - No
  - Are there any oils (like canola) mixed into your feed?
    - Yes
    - No
  - Do you have a dairy certification? If yes, submit with application
    - Yes
    - No
  - Are hormones or antibiotics used?
    - Yes
    - No

If yes, describe: \_\_\_\_\_

- Are your ruminant animals grass-fed only?
  - Yes
  - No
- Describe your nutrition and health maintenance practices of your animals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you have a meat handler's license?
  - Yes
  - No
- Do you request to have other offerings at your table?
  - Yes
  - No
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

- Do you request to have an item at your table not crafted by you but can be utilized with your offerings?

Yes

No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

## **Grower/Gardner/Nursery Dealer:**

- Are you NCDA nursery license - last inspection date \_\_\_\_\_

- Are all of your plants/flowers grown by you? \_\_\_\_\_

- Will your offerings be cut flowers or starts? \_\_\_\_\_

## **Carolina Fisherman:**

- Do you have a fishing license?

Yes

No

- Do you only fish in the Carolina waters?

Yes

No

## **Preparer of specialty food/beverage or value-added goods:**

- What food/beverage items will you be offering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Will these items be made at home or in a commercial kitchen? *Must provide NCDA/SCDA inspection and contract with commercial kitchen (if applicable)*

Home

Commercial Kitchen

- Do you grow some of the ingredients used in your baked goods/beverages?

Yes

No

\*If yes, fill out the farmer (grower) portion of the application. If not, where are your supplies/ ingredients purchased? Are they locally sourced?

\_\_\_\_\_

- Will you include ingredients purchased from the WFM vendors?

Yes

No

- Are your ingredients organic?

Yes

No

- Are your ingredients gluten-free?

Yes

No

\*Must submit proof of gluten free testing results

- Do you request to have an item at your table not crafted by you but can be utilized with your offerings?

Yes

No

If yes, describe: \_\_\_\_\_

## **Crafter:**

- Are all items handcrafted by you?

Yes

No

- Describe your product/s \_\_\_\_\_

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- Are some of the main ingredients of your product grown by you?

Yes

No

If yes, what are those ingredients: \_\_\_\_\_

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- What ingredients included in your products:

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- Explain the production process: \_\_\_\_\_

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- Do you request to have an item at your table not crafted by you but can be utilized with your offerings?

Yes

No

If yes, describe: \_\_\_\_\_



## Non-Profit:

- What kind of non profit organization are you?

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- What is your reason to attend the market?

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## Food Truck: We encourage a portion of your ingredients to be purchased from our farmers/growers

- Department of Health Inspection

Yes

No

- NCDA inspection

Yes

No

- License from the state of NC

Yes

No

- Serve Safe

Yes

No

- Type of food/beverages being offered

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- Are you willing to purchase ingredients from local Waxhaw farmers?

Yes

No

- Generator db level? \_\_\_\_\_

- Do you offer breakfast and lunch options on your menu?

Yes

No

**On- Site Artisan:** vendors who perform their skills/talents while at the market. Examples include:

face painting, knife sharpening, wood turning, drawing/painting, etc.

- What skill will you be performing at the market? \_\_\_\_\_
- Will you charge a fee for your service?
  - Yes
  - No

**General Liability Insurance:** \$1,000,000 minimum – please attach a copy (required for all vendors) and be sure the Waxhaw Farmers Market is listed as held harmless or “Additional Insured”. Liability Insurance and Hold Harmless Provision – Waxhaw Farmers Market holds general liability insurance covering the Waxhaw Farmers’ Market. A Hold Harmless clause is included here as part of the Vendor Agreement. Each vendor participating in the Waxhaw Farmers’ Market shall be responsible for any loss, personal injury, deaths and/or other damage that may occur as a result of the vendor’s negligence or that of its agents and employees, and hereby agrees to exonerate, save harmless, protect and indemnify Waxhaw Farmers’ Market, its successors and assigns, from and against any and all losses, damages, claims, suits or actions, judgments and costs, and attorneys’ fees which may arise or grow out of any injury or death of persons or damage to property in any manner connected with the vendor’s products, operations or vending at the Market.

**All vendors must provide the following:**

- Completed Application
- Checked off and Signed Rules and Regulations
- NC/SC DOR Sales & Use Tax Documentation
- Pictures of your farm/animals/production/product
- \$25 Application fee

**Provide these documents if applicable:**

- NCDA/SCDA Inspection
- Liability Insurance holding WFM harmless
- USDA Organic Certification
- Course Completion Certificates (acidification, serve safe, etc)
- Health Inspection Report
- All required licenses for sales (meat handler's, dairy, nursery, etc)
- Well water inspection
- Commercial kitchen contract

**Initial the following agreements:**

- I submit that the information provided for my application is accurate and complete
- I understand the mission and goals of the WFM.
- I will volunteer 5- 10 hours a season by either joining a committee or helping with market needs
- I have read and understand the WFM Rules and Regulations and will abide by them.
- I will adhere to the WFM code of conduct and I will abide by its provisions.
- I will adhere to the WFM code of sales
- I agree to have my farm/production site inspected by a designee of the Waxhaw Farmers' Market Board.
- As a condition of membership, I agree to release, and hold harmless, the Waxhaw Farmers Market Inc.,its Board of Directors, officers, managers and employees/volunteers from all claims relating to property damage or personal injury to myself, my family members and employees arising from such membership. I assume the sole risk of selling at the market. In addition, I agree to release and hold harmless the lessor of the farmers' market site, from all claims relating to property damage or personal injury to myself, my family members and employees related to or arising from my presence on the market site or its parking areas.
- Farmers/Growers:** I hereby attest that all of the above listed items are grown or raised on my Farm/garden
- Preparers/Crafters:** I attest that all products are made by me.
- I agree to comply with all Federal, State, and local laws governing food safety and labeling and provide the Market Manager with valid and current documentation of required licenses, permits and/or certifications.
- I agree to promote the market by sharing social media posts, inviting friends & neighbors to the market,etc.
- I will also make suggestions for market improvements and consider joining the board.

PRINT NAME: \_\_\_\_\_

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_



# Emergency Contact Form

Date: \_\_\_\_\_

## Vendor Information:

Owner's Name: \_\_\_\_\_

Business/Farm Name: \_\_\_\_\_

Home address

\_\_\_\_\_

\_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

## Primary Emergency Contact:

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

## Secondary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information

Allergies (Food, Medication, Insects, Etc.): \_\_\_\_\_

\_\_\_\_\_

Medical

Alert(s): \_\_\_\_\_



