



# Vendor Application

The Oberlin Farmers Market takes place every Saturday from 9 am to 12 pm, from mid-May –mid-October. The Application Deadline is first week in April. Applicants will hear back with a decision on their acceptance by mid-April. Applications submitted after the deadline will be considered under the discretion of the OFMA Board and Application Review Committee.

\* = Required Information.

## Basic Information

Farm/Business Name \* \_\_\_\_\_

Owner's Name(s) \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Primary Phone \* \_\_\_\_\_

Mailing Address \* \_\_\_\_\_

Please include city, state, and zip code \* \_\_\_\_\_

County \* \_\_\_\_\_

Other Phone \_\_\_\_\_

Business Location (If different from Mailing Address) \* \_\_\_\_\_

Website Address \_\_\_\_\_

Facebook, Instagram addresses \_\_\_\_\_

Types of payments are accepted from customers. \_\_\_\_\_

Employee(s) who will work at the market, if other than the owners

Electric needed onsite? *Mark only one.*

- Yes
- No



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## License requirements

Have you applied or checked if you need a license? Please check this website for more information: <https://agri.ohio.gov/wps/portal/gov/oda/divisions/food-safety/questions>. You assume all responsibility in applying and maintaining your appropriate license or permits. Cottage industries please review labeling your products correctly. *This is important to know since we have unscheduled visits by the Lorain County Health Department.*

**What type of business or vendor are you? (Circle those industries that apply)**

***Produce Vendor, Cottage Industries, Licensed Bakery, Licensed Food, Art or Craft Vendor,***

***Other:*** \_\_\_\_\_

**Commercial Kitchen License Number (if applicable):** \_\_\_\_\_

**Vendor License Number (if applicable):** \_\_\_\_\_

**Other Permit Number (if applicable):** \_\_\_\_\_

## Vendor Availability

Do you plan to participate for the entire season? *\*(Mark only one)*

- Yes
- No
- Unsure

If no, please indicate which dates you would like to attend. Include all dates you wish to attend.

If you are a craft vendor, you may be offered a rotating slot at the OFM. Please indicate the top 6 dates you would prefer to attend.



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## Farm Practices

If growing produce, which of the following terms best describe your farming practices  
*\*Check all that apply.*

- Conventional
- Sustainable
- Certified Organic
- Biodynamic
- Other

## Product Availability

What products do you anticipate having available at the market each month?  
Be specific.

May

June

July

August

September



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October

I understand that, according to Oberlin Farmers Market bylaws, vendors must produce at least 80% of their products, and I agree to comply with OFMA procedures on labeling these goods and discussing their origin with the Market Manager.

I agree

Please list any other Farmer's Markets, CSAs, or direct restaurant marketing that you participate in:

## Market Procedures

Vendors at the Oberlin Farmers Market may be required to visit the information booth at the close of each market to conduct end-of-day business. This includes the payment of fees, cashing out of Credit card and EBT tokens (if applicable), and the reporting of weekly sales (optional, but strongly recommended)

I agree to complete my end-of-day business with the Market Manager as needed

## Insurance Coverage \*

*Select one*

- I have product liability insurance for my Market Business
- I do not have product liability insurance for my Business, and I assume all liability and responsibility for its conduct and goods.



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## Payment

Please make market fee payment to Oberlin Farmers Market

*Mark only one.*

- I plan to Pay \$135.00 (\$150 X 10% discount) for the full season on or before the end of first market day
- I plan to make on \$75 payments on or before the end of first market day and \$75 on or before the first Saturday of July.
- Partial Season Vendor Payments - Half or full payment equal to \$10 per week X number of approved weeks. The first payment should be mailed to the Oberlin Farmers Market by May 1.

## Agreement and Signature

By submitting this application form, applicants acknowledge that they have received and read the **Oberlin Farmers Market (OFM) Bylaws, Policies and Procedures**, and agree to abide by the policies and procedures described therein, including all decisions of OFM's Market Manager and Board. Applicants specifically agree that an OFM representative is permitted to visit their farm or production facility. Applicants also acknowledge that the discretion of the Market Manager applies to acceptance to OFM and booth assignments. This agreement is a revocable license, and any misconduct or violation of this agreement may result in suspension or termination from OFM at the discretion of the Market Manager and Board. Acceptance to OFM also means a commitment to the Market Vendors on the part of OFM. OFM will strive to promote the success of both the Market and the Market Vendors. OFM Market Vendors agree by signing this application form to accept the following hold harmless clause: All Market Vendors Participating in OFM agree that they are independent contractors and not employees, partners, or joint ventures with OFM, and shall be individually and severally liable for any loss, personal injury, deaths, and/or other damages

that may occur as a result of the Market Vendors negligence or that of its employees, agents, and associates. All Market Vendors agree to indemnify and save OFM, its Market Manager, its board members, and its sponsors harmless from any loss costs, damages, and other expenses including attorney's fees, suffered or incurred by them by reason of the Market Vendors negligence or intentional misconduct, or that of its employees, agents, and associates; provided that, the Market Vendor shall not be liable for nor required to indemnify OFM, the Market Manager, or the Board members for the negligence of any of them or that of their servants, agents, employees, or associates. It is not required that each Market Vendor carry their own personal and product liability insurance, but it is recommended. Furthermore, vehicle liability insurance is required to cover any damage caused.

Print Owner's Name \* \_\_\_\_\_

Owner's Signature \* \_\_\_\_\_

Date \* \_\_\_\_\_



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## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Mail completed application to: Oberlin Farmers Market, P.O. Box 553, Oberlin, Oh 44074

## Special Requests:

### **HELPFUL DOCUMENTS AND LINKS**

OFM VENDOR BYLAWS: <https://tinyurl.com/yxv8roxn>

VISIT THIS LINK: : <https://agri.ohio.gov/divisions/food-safety/welcome>

COTTAGE+FOOD+FACT+SHEET+LABELING:

<https://drive.google.com/file/d/1IQFPcm3pMU50OCfrYKMaxgW3DEcaV7xk/view?usp=sharing>

ORGANIC FARMING - <https://www.oeffa.org/> Ohio Ecological Food and Farm Association

LORAIN COUNTY HEALTH DEPARTMENT - <https://www.loraincountyhealth.com/foodsafety>