

Vendor Application Form

Effective January 1st - December 31st 2025

Vendor Name	Business/Farm Name	Name to whom checks should be written to	
<hr/>		<hr/>	
Home Address	Street Address Line 2		
City	State	Zip Code	
Phone Number	Email Address	Web Address	
Which markets are you interested in attending?		Are you a certified organic grower?	
Lincoln Park Farmers Market		Yes	
Central Hillside Farmers Market		No	
Are you an authorized FMNP (Farmers Market Nutrition Program) vendor?		Are you a member of...	
Yes		Minnesota Grown	
No		Superior Grown	

What items do you plan to bring to the market this year? Please be specific and list individual items. This helps us know what product gaps exist at each market.

Vegetables:	Value Added Canned Products (jam, salsa, etc.):
Fruit:	Bread/baked goods:

Decorative or Fruiting Plants:

Meat:

Eggs:

Other (please list):

Please select the market weeks/days that you will ***NOT*** be in attendance:

Central Hillside Farmers Market (Tue 2-5pm)

Lincoln Park Farmers Market (Thurs 3-6pm)

Week 1: June 10th

Week 9: Aug 5th

Week 1: May 15th

Week 9: Aug 7th

Week 2: June 17th

Week 10: Aug 12th

Week 2: June 12th

Week 10: Aug 14th

Week 3: June 24th

Week 11: Aug 19th

Week 3: June 19th

Week 11: Aug 21st

Week 4: July 1st

Week 12: Aug 26th

Week 4: June 26th

Week 12: Aug 28th

Week 5: July 8th

Week 13: Sept 2nd

Week 5: July 10th

Week 13: Sept 4th

Week 6: July 15th

Week 14: Sept 9th

Week 6: July 17th

Week 14: Sept 11th

Week 7: July 22nd

Week 15: Sept 16th

Week 7: July 24th

Week 15: Sept 18th

Week 8: July 29th

Week 16th: Sept 23rd

Week 8: July 31st

Week 16: Sept 25th

By entering my name below, I certify that I have read the Rules and Procedures of the farmers market. I understand them and agree to follow them; I also meet the criteria for market vendors. The application information I provided is correct and complete.

First and Last Name of Vendor:

Date:

Vendor Agreement for Farmers Market EBT Token Program

Please contact us at 218-726-1665 ext: 224 or farmersmarket@communityactionduluth.org for more information of if you do not understand any part of this agreement.

As a vendor at the market participating in the EBT Token Program, I/we agree:

- to accept the market EBT tokens only for SNAP eligible food items (see list below)
- to charge the same price for goods whether a customer tenders EBT tokens, cash, or check
- that I/we will not give cash change in any amount for goods paid for with EBT tokens even if change would ordinarily be due
- that I/we will not exchange EBT tokens for any reason or with any person for cash
- to display the signs provided on our market stall to indicate that I/we accept EBT tokens

In addition, we understand that:

- the market will not reimburse us for tokens using cash at the market but will reimburse us with a mailed check
- I/we should notify the market beforehand if I/we choose to end participation in the program
- it is our responsibility to ensure that anyone who sells at the the market for our business understands and agrees to the terms of the EBT Token Program
- it is our responsibility to direct questions or concerns about the EBT Token Program to the market manager should they arise

SNAP eligible food items include:

- preserved and fresh fruits, vegetables, and herbs
- meat, dairy, and eggs
- baked and canned goods
- seeds and plants that bear fruits, vegetables, or herbs

Items that CANNOT be purchased using SNAP include:

- food items intended for immediate consumption at the market (such as coffee, or prepared hot foods)
- non-food items (such as crafts, clothes, and flowers)
- produce that is intended for ornamental purposes only (such as gourds and carving pumpkins)

Ask market management if you have additional questions. More information may be found online at: [SNAP eligible items](#)

Agreement:

I understand and agree to adhere to the EBT Token Program's requirements as outlined above.

I understand that if market staff observes or receives evidence of my failure to abide by this agreement, I may not be eligible for full reimbursement, my ability to participate in the market may be suspended or revoked, and I may be reported to the federal law enforcement officials.

First and Last Name of Vendor

Date:
