

Date Received App: _____
Approved: _____ Denied: _____

Revision of membership
information:
Date Revised: _____
Initials _____

KANSAS GROWN! INC.

Vendor Profile and Agreement Regarding Conditions of Membership for the 2013 Season

CONDITIONS OF MEMBERSHIP

To become a member of Kansas Grown! Inc. and to be permitted to sell products at Kansas Grown Farmers Market the undersigned hereby agrees to the following conditions:

1. To accurately complete all information requested on this form.
2. That I have fully read and understand this form as well as the following documents.
 - a. Bylaws of Kansas Grown! Inc.
 - b. Operational Rules for Farmers Market.
 - c. The Code of Conduct, Grievance Issues and Enforcement Rules and Corrective Actions.
3. To sell only Kansas grown as a producer or produced products at the Kansas Grown! Inc., Farmers' Market and not have a business or multiple businesses that gross total sales of more than \$100,000.00 per year.
4. That I am in complete compliance with all requirements set forth in the above referenced documents and will abide by all rules of conduct.
5. That all disputes or grievances regarding membership issues or issues relating to the operation of the Farmers Market will be resolved exclusively through the established grievance procedure.
6. That membership and sales privileges at the Farmers Market may be revoked by the Market Manager or the Grievance Committee in accordance with the procedures established.
7. To abide by the decision of the Membership Committee, which has exclusive authority to approve or deny membership.
8. To hold harmless and release from all liability, Kansas Grown! Inc., as well as its Directors and the members of the Grievance Committee, with respect to the performance of their duties regarding enforcement of the Bylaws, Operational Rules and Code of Conduct.
9. Have a valid Kansas sales tax registration certificate.
10. That I am 18 years of age or older.
11. To enclose a **\$40.00** fee **on or before March 31st of the current market year.** Make checks payable to **Kansas Grown Inc!** and mail to **PO Box 771245, Wichita, KS 67277-1245.**

Business Name: _____

Business Owner(s): _____

Mailing Address: _____

City: _____ Zip: _____ Email: _____

Production Location: _____

Business Phone: _____ Kansas Sales Tax ID# _____ Egg Stamp ID# _____

Plant License # _____ Certified Kitchen # _____ Scale Cert. date _____

Number of times expected to attend in 2013 _____ Months expected to attend _____

Do you have a business or multiple businesses that gross total sales of more than \$100,000.00 per year? Yes _____ No _____

Please indicate the markets you will be attending: **Sedgwick County Extension, 21st & Ridge**, Saturdays (7:00 a.m. – Noon) _____

Green Acres, 8141 E. 21st, Bradley Fair, Tuesdays (3:00 p.m. – 6:30 p.m.) **Delano at Lawrence Dumont Stadium**, 300 Sycamore, Wednesdays (5:00 p.m. -7:00 p.m.) _____; or **Derby, 800 N. Baltimore**, Saturdays (8:00 a.m. – Noon) _____.

I plan to sell the following products (**list in detail**) at Kansas Grown Farmers' Market: (**All applications for Crafts must be submitted with photos.**) (Add a second sheet, if necessary.) _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____