# Thank you for your interest in the Mankato Area Farmers' Market. Below are the rules, regulations and costs for Artisan Vendors at the Mankato Farmer's Market.

- 1. **To become a member:** Prospective vendors must fill out an application, have your product juried by a committee from our Market association and then be accepted by the Board of Directors.
- 2. The artisan must live within 40-mile radius of the Madison East Center, Mankato.
- 3. Artisans must produce what they sell at the Market. Raw materials may be purchased to complete the product but no commercially produced products may be sold.
- 4. Each vendor is responsible for the goods he/she sells.
- 5. Each vendor is responsible to obtain any special licensing needed and to follow all State and Federal laws related to his/her products and business.
- 6. The market is located at the Madison East Center parking lot and is open Tuesday and Thursday, 3:30 pm-6:00 pm and Saturday, 8:00 am-12:00 pm. Vendors may begin setting up 1 ½ hours before starting time, but no earlier.
- 7. No money will be exchanged before the whistle blows which signifies the Market is open.
- 8. There will be no setting aside of product for a customer during the 1½ hour setup period before the whistle blows.
- 9. Artisan vendors are required to notify the Market Manager of any dates they will be attending the Market. The manager must be notified of an absence at the latest by 8:00 pm of the preceding day.
- 10. Check with the manager each Market day for stall assignments.
- 11. Vendors are required to display a sign at least 10" x 20" or larger with their name and address, identifying themselves and their business. This sign should be visible and legible to the customer and neat in appearance. Any other signs as required by law should be displayed such as, Homemade Product signs.
- 12. Stall fees of \$25 are payable daily and are collected by the Market manager. Daily fees are capped at \$350 per business per year.
- 13. All vendors must submit a ST-19 sales tax form and proof of insurance on or before the April meeting each year with their membership application.

### **Artisan Application Mankato Area Growers Association 2012**

Name		
Name of Business		
Address		
City & State		
Email	Do you check it?	
Telephone Number_	Cell	
How many miles fron	m Madison East Center, Mankato do you live?	
What products do yo	ou intend to sell at the Farmers' Market?	
Days, dates and time	s you plan to attend:	
*Attached to this app	olication you will find my proof of liability insurance	-
	ans/Artwork only. Growers are required to apply for membership your product juried by a committee of MAGA members.	. If accepted, you
_	ning this form, you are seeking the privilege of selling at the Mar eeing to abide by all rules and regulations of MAGA, as specified	
You make all	your products yourself,	
<ul> <li>you are not s</li> </ul>	selling on behalf of another party,	
•	in a 40 mile radius of the Mankato Market,	
•	Il responsibility for proper licensing and conformance to the law of	of your products
<ul><li>you will only your product</li></ul>	sell good quality products and that you accept full responsibility ts.	for the quality of
I agree to the condit	ions stated above, and that all information I have stated on this fo	orm is correct.
Print name	Signature	Date

Please return completed applications to: Three Rivers RC&D, Attn: Joe Domeier 1160 S Victory Drive Ste #4 Mankato, MN 56001 For questions, contact <a href="mailto:jadomeier@threeriversrcd.org">jadomeier@threeriversrcd.org</a> or call 507-345-4744 ext 104



# **MFMA Insurance Program**

The Minnesota Farmers' Market Association (MFMA) continues to work closely with Stearns Insurance Services to provide a low cost liability insurance program available *exclusively* to MFMA members! MFMA members (both Market and Vendor membership levels), may take advantage of this program starting in 2012.

#### **Plan Features**

General Liability Insurance including Products and Completed Operations

Limits of Liability: \$5,000,000 aggregate

\$2,000,000 per occurrence

\$250.00 Deductible per claim

Policy term: March 1, 2012 to March 1, 2013

Underwritten by Atain Specialty Insurance Company, AM Best A rated

### **Coverage Guidelines & Eligibility**

Market Insurance: - Your Farmers' Market must be an MFMA member to be eligible for this member benefit.

-Market size is limited to the "average # of vendors per event multiplied by the # of

events in the policy year" being less than or equal to 1,500. **Examples:** 

Eligible market: 20 vendors x 75 events = 1,500 or 30 vendors x 45 events = 1,350

Ineligible market: 30 vendors x 52 events = 1,560

**Vendor Insurance:** - A vendor must be an MFMA member to be eligible for this member benefit.

-Vendors will have coverage at any established\* farmers' market or established\* event in the state of Minnesota

-Ineligible markets & vendors: Individual insurance programs are available for markets and vendors who do not qualify for this program. Please contact Stearns Insurance Services for an individual proposal.

- -No concessionaires are eligible. For example, vendors who sell pizza, hamburgers, or pop meant to be consumed onsite while at the market are ineligible for this program.
- -Only small, one-of-a-kind, non-mass-produced crafts will be permitted to be sold.
- -Premiums will be charged as a flat amount for the policy period. **No refunds for cancellations**. No reduced premiums for late entry into the policy period.
- -Premiums noted include all processing fees and state taxes.
- -Insurance is only valid in the state of Minnesota.
- -See the Minnesota Department of Agriculture's website for Farmers' Market food safety guidelines.
- -Contact the Minnesota Farmers' Market Association (MFMA) for market or vendor membership.
- -A certificate of insurance will be emailed or mailed to you as your proof of insurance.

...continued

# **Premiums & Options**

<b>Market Options:</b>	Farmers' Market Insurance	\$190.00
-		
Vendor Options:	Vendor Insurance I (Food-Unprocessed)**	\$80.00
	Vendor Insurance II (Food-Processed)***	\$110.00
	Vendor Insurance III (Food-Unprocessed/Processed, Crafts)****	\$150.00

### **Definitions**

\* Established Farmers' Market or Established Event: Market or event is formally organized, has a board of directors, and is insured.

To list a market or landlord as an additional insured, please include a \$25 charge per additional insured.

- \*\* Food-Unprocessed: Vendors who grow their own food products and do not process. Food goes directly from the ground to the stand. **Examples:** tomatoes, apples, potatoes, flowers, and plants.
- \*\*\* Food Processed: Vendors who grow their own food products and perform processing before sale.

  Examples: jam, jelly, honey, maple syrup, bread, baked goods, and spices. This category also includes cut meat, eggs, and mushrooms.
- \*\*\*\* Food-Unprocessed/Processed, Crafts: Vendors who grow and/or process their own food products

  AND/OR sell small, one-of-a-kind, non-mass produced crafts. Examples: jewelry, soap, birdhouses, and hand-made wearable items.

# **Insurance Program Arranged By**



James Wensel MN license # 58926

Stearns Insurance Services, 4191 2<sup>nd</sup> Street S., St. Cloud, MN 56301

Phone: 320.253.3525 Fax: 320.650.1361 www.StearnsInsurance.com

Claim Reporting: Stearns Insurance Services, 320.253.3525

#### For Insurance Questions, Contact:

**Rachel Haney** (CSR, Stearns Insurance Services)

rachelh@stearnsinsurance.com, 320.253.3525

Jim Wensel (Agent, Stearns Insurance Services)

jimw@stearnsinsurance.com, 320.253.3525



Minnesota Farmers' Market Association, Attn: Deonna Bouska, 18542 Driftwood Rd., Clearwater, MN 55320

Phone: 320.250.5087 Email: info@MFMA.org www.MFMA.org

For MFMA Membership and Benefits Questions (Markets & Vendors), Contact:

**Deonna Bouska** (Operations Manager, MFMA) dbouska@mfma.org, 320.250.5087



# **MFMA** Insurance Application

- Available to MFMA Members Only -

Name: Address:  Email Address:  Insurance Application:  MFMA Member ID:  Business Name:  Primary Location: (Full Address)  Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options:  Vendor Insurance   (Food-Unprocessed)	Contact Informat	on for the Authorized Repr	resentative	Completing This Application	n:
Email Address: Phone:    Insurance Application:   Business Name:	Name:				
Insurance Application:  MFMA Member ID: Business Name:  Primary Location: (Full Address)  Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event: Markets Only: # of events per year:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options: Farmers' Market Insurance	Address:				
Insurance Application:  MFMA Member ID: Business Name:  Primary Location: (Full Address)  Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event: Markets Only: # of events per year:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options: Farmers' Market Insurance					
MFMA Member ID: Business Name:  Primary Location: (Full Address)  Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event: Markets Only: # of events per year:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options: Farmers' Market Insurance	Email Address:			Phone:	
Primary Location: (Full Address)  Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options:  Farmers' Market Insurance		Insurance Ap	plication:		
Secondary Location: (Full Address)*attach additional locations as needed  Markets Only: Average # vendors per event:  Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options:  Vendor Insurance I (Food-Unprocessed)	MFMA Member ID:	Business Name:			
Markets Only: Average # vendors per event:    Markets Only: # of events per year:	Primary Location: (Full Address)				
Markets Only: Average # vendors per event:    Markets Only: # of events per year:					
Markets Only: Average # vendors per event:    Markets Only: # of events per year:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options: Farmers' Market Insurance	Secondary Location: (Full Addres	s)*attach additional location	s as needed		
Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options: Farmers' Market Insurance					
Items Sold:  Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options: Farmers' Market Insurance	Markets Only: Average # vendors	per event:	Markets (	Only: # of events per year:	
Estimated Receipts:  Describe Past Claims:  Premiums & Options:  Market Options:  Vendor Options:  Vendor Insurance I (Food-Unprocessed)	,			, , ,	
Premiums & Options:  Market Options: Farmers' Market Insurance	items solu.				
Premiums & Options:  Market Options: Farmers' Market Insurance	Estimated Receipts:				
Market Options:Farmers' Market Insurance	Describe Past Claims:				
Market Options:Farmers' Market Insurance					
Vendor Options: Vendor Insurance I (Food-Unprocessed)	Premiums & Options:				
Vendor Insurance II (Food-Processed)	Market Options: Farmers	Market Insurance			\$190.00
Vendor Insurance III (Food-Unprocessed/Processed, Crafts)	Vendor Options: Vendor	nsurance I (Food-Unproces	sed)		\$80.00 🖳
List Additional Insured's Name\$25.00 Additional Insured's Address	Vendor	nsurance II (Food-Processe	d)		\$110.00 🖳
List Additional Insured's Name\$25.00 Additional Insured's Address	Vendor	nsurance III (Food-Unproce	essed/Proc	essed, Crafts)	\$150.00
Additional Insured's Address					
List Additional Insured:					
List Additional Insured	List Additional Insured:				\$25.00
Additional Insured's Address					
<b>-</b> -					
Signature: Date:					

MFMA, Attn: Deonna Bouska, 18542 Driftwood Rd., Clearwater, MN 55320



# **Membership Form**

Office: 320-250-5087 Email: info@MFMA.org Website: www.MFMA.org

MEMBER BENEFITS INCLUDE (Partial List...Please Visit our Website for Further Opportunities!)

Free Member Web Page on the MFMA Website! Free Online Posts on MFMA's "Making Connections"! Member Discounts From Preferred Suppliers! Direct Industry Support from the MFMA! Low-Cost MFMA Insurance Program! Low-Cost Websites! Farm-Direct Advocacy! Discussion Groups! Unique Funding Opportunities! Co-op Buying! Notifications & Discounts on Training Programs and Events!

#### MARKET MEMBERSHIP QUALIFICATIONS:

- 1. Be a community farmers' market (with a physical location in Minnesota) that represents three or more growers.
- 2. Be an established market with: by-laws and dues structure
- 3. Sell a majority of Minnesota grown agricultural products.

### **VENDOR MEMBERSHIP QUALIFICATIONS:**

- 1. Sell a majority of Minnesota grown agricultural products and/or products crafted within Minnesota.
- 2. Adhere to merchant ordinances and to all food safety regulations and recommended guidelines.
- 3. Participate at one or more farmers' market locations within Minnesota.

MEMBERSHIP TYPE (circle):	Farmers' Market	or <b>Vendor</b>	MEMBERSHIP YEAR:	
MFMA MEMBER ID:			SIGNATURE &	
(renewals only)			DATE:	
	ormation Completed	d in This Sec	tion Is For Internal	Use:
Contact Name:				
Contact Mailing Address:				
Contact Phone Number:				
Contact E-mail Address:				
Additional Contacts Authorized For This Account:				
Comments:				
	pleted in This Sect	ion Will Be [	Displayed On Your M	lember Web Page:
Business Name:				
Business & Product Description: (Include attachment if needed)				
Business Contact Name:				
	•			



# **Membership Form**

Office: 320-250-5087 Email: info@MFMA.org Website: www.MFMA.org

Business Mailing Address:	
Business Phone Number:	
Business Email Address:	
Business Website:	
Primary Selling Location Name:	
Primary Selling Location Address:	
Primary Selling Location's Seasonal Start Date:	
Primary Selling Location's Seasonal End Date:	
Primary Selling Location's Days and Hours Open:	
Second Selling Location Name:	
Second Selling Location Address:	
Second Selling Location's Seasonal Start Date:	
Second Selling Location's Seasonal End Date:	
Second Selling Location's Days and Hours Open:	
Additional Location Information: (Include attachment if needed)	

\*\*Logos or images can be emailed to <u>dbouska@mfma.org</u> for inclusion on your new member web page. Please clearly reference the Business Name and Contact Name referenced on your application. You may also choose to complete this application and payment online at www.MFMA.org.





# **Operator Certificate of Compliance**

	Instructions	re completing this certificate. <b>Pe</b>					
This f	form can be filled in onscreen	Operator/organizer of event: K. Place the cursor in a field and clent of Revenue.	eep this certificate for yock to start typing. Move	our records. from field to field	d using the tab key. T	o close	
		g at event	g at event				
		City		State	Zip code	_	
		event				_	
						_	
						_	
plos	Describe the type of mercha	andise you plan to sell.					
plos						_	
						_	
_						_	
	_	u are not required to have a Minne	sota tax ID number.				
	☐ I am selling only nonta						
	☐ I am not making any s						
		t selling plan, selling for r has a Minnesota tax ID number a			pany), and the home		
	☐ This is a nonprofit org	anization that meets the exemption	requirements describe	d below:			
	Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]).						
	Youth or senior citizen group with fundraising receipts of \$10,000 or less per year (MS 297A.70, subd. 13[b][1]).						
	A nonprofit orga	anization that meets all the criteria	set forth in MS 297A.7	0, subd. 14.			
	I declare that the information authorized to sign this form	on on this certificate is true and corr	ect to the best of my kno	owledge and belie	ef and that I am		
	Signature of seller		Print name here			_	
0	Date		Daytime phone			_	
			( )				

**PENALTY** — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

# Information for sellers and event operators

Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax. All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

### Sales tax registration

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at **www.taxes.state.mn.us**.

#### Information and assistance

If you have questions or want fact sheets on specific sales-tax topics, call 651-296-6181. TTY: Call 711 for Minnesota Relay.

Most sales tax forms and fact sheets are also available on our website at

www.taxes.state.mn.us.

For information related to sellers and event operators, see Fact Sheet #148, *Special Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.