



DOWNTOWN LEE'S SUMMIT FARMERS MARKET
2025 Vendor Application
 Complete and return to Downtown Lee's Summit Main Street
 13 SE Third Street, Lee's Summit, MO 64063
DUE: Tuesday, December 31, 2024
 Market Season April 19th– October 25th, 2025



NAME _____ **FARM/BUSINESS NAME** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Preferred PHONE _____

EMAIL *(All market communications will be sent via email. Please include a working email that you check often.)*

Farm/Business Facebook: _____

Farm/Business Instagram: _____

MONTHS YOU WILL BE SELLING *(Please check or circle the months you will be selling)*

- | | | | |
|--------------------------------|-------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> June | <input type="checkbox"/> August | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> July | <input type="checkbox"/> September | |

NAMES OF OTHERS (18 YRS OR OLDER) AUTHORIZED TO SELL PRODUCTS ON YOUR BEHALF:

PROVIDE A PERCENTAGE NEXT TO EACH CATEGORY INDICATING THE AMOUNT FROM EACH CATEGORY YOU PLAN TO SELL THROUGHOUT THE SEASON:

Please remember the market's 80/20 rule – 80% of accepted vendors will be farmers (produce, plants, flowers, meat), 20% of accepted vendors will be value-added (bakers, crafts).

Vendors selling primarily produce, meat, plants, or honey, are not permitted to sell baked goods.

- | | |
|--|---|
| _____ % Produce | _____ % Locally Produced or Sourced Food |
| _____ % Plants | Products (canned goods, juices, food mixes, etc.) |
| _____ % Cut Flowers | _____ % Baked Goods |
| _____ % Meat | _____ % Other _____ |
| _____ % Locally Produced or Sourced Crafts | |

ALL PRODUCT(S)/PRODUCE BEING SOLD *(Be as specific as possible. You may include an attachment)*

IF SELLING PRODUCE, MEAT, CUT FLOWERS, OR HONEY, PLEASE COMPLETE THE BELOW SECTION:

Your business will primarily (50% or more) be:

- Growing or raising product on YOUR PROPERTY
- Purchasing product to resell at the market that is NOT grown by you

What percentage of your product is **homegrown** by you and/or your staff on YOUR PROPERTY? _____%

What is the address of where the products are grown or raised? _____

What percentage of your products are you purchasing to **resell**? (Product must be grown in MO or within 150 miles of Lee's Summit.) _____%

LIST ALL WHOLESALERS AND/OR FARMS (NAME AND LOCATION) THAT YOU PURCHASE FROM, INCLUDING THE ITEMS PURCHASED (Signage at your both **MUST** include where all produce is grown. Include an attachment, if needed)

FARM NAME	ADDRESS	ITEMS PURCHASED FOR RESALE

FEES PER SPACE (if paying by check, fees are due after acceptance by February 3rd, 2025. Online invoices will be sent after acceptance):

FULL SEASON

- Saturdays for entire season: \$425
- Wednesdays for entire season: \$215

DAILY RATES (daily-rate fee and application is due 1 week prior to requested date)

- Wednesday Daily Rate: \$40
Preferred Dates: _____
- Saturday Daily Rate: \$60
Preferred Dates: _____
- Special Event Daily Rate: \$75
Please Mark Preferred Event Date:
 - Sat, May 10
 - Sat, Oct 4

I have enclosed my payment in the amount of \$_____ along with a signed agreement of the Rules of Operation, located on last page of application. Initial here if you plan to pay online _____

Check payments and online invoices will be processed after placement on January 13, 2025. Full payment will be due by February 3rd, 2025. Make checks payable to DLSMS or call/email to pay by credit card.

PLEASE CHECK IF APPLICABLE:

- I am a vendor who participated in last year's market.
- I would like to reserve the same space(s), if possible.
- I would like to change space(s). Specify: _____
- I am a new vendor in the Downtown Lee's Summit Farmers Market.
- I qualify as an Organic Grower (must include certification).

Do you offer a CSA?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

AGREEMENT

I acknowledge that: (1) I desire to participate in the Farmers Market Program; (2) I will be assigned a place to park my vehicle(s) to display and sell my products; and (3) all produce, etc. being sold is grown in Missouri or within 150 miles of Lee's Summit, Mo. In consideration of the foregoing, I agree that: (1) I have received, read, and will abide by the Rules of Operation and Code of Conduct; (2) I have ensured all those potentially working at my stall at the farmers market have received, read, and agree to abide by the Rules of Operation and code of conduct; (3) I will be responsible for and will pay for any personal injuries, property damage or cleanup costs caused by my activities or anyone assisting me; (4) the City of Lee's Summit, Missouri, and Downtown Lee's Summit Main Street Inc. will not be responsible for my personal injuries or property damage that is caused by me or anyone assisting me; and (5) further agree to pay any claims against the City of Lee's Summit or Downtown Lee's Summit Main Street Inc. for personal injuries that are the fault of myself or anyone assisting me (this includes the costs of any lawsuits, out-of-pocket expenses and attorney's fees); (6) all information listed is accurate.

_____ Date

_____ Signature

_____ Date

_____ DLSMS Representative

FOR OFFICE USE ONLY	
SPACE #	_____
<input type="checkbox"/> CHECK #	_____
<input type="checkbox"/> CREDIT CARD	
DATE REC'D	_____
<input type="checkbox"/> Bio Received	

Please initial that you have read and understand the Farmers Market Rules of Operation (separate document). Below is a brief outline and by signing, signifies that the full document has been read as well.

_____ I understand that it is my responsibility to know where any products I am selling are being grown or produced, and I will be truthful in representing the origin of my products to customers.

_____ I understand that all items I intend to sell at the market must be listed on my application and approved by DLSMS before selling.

_____ I understand that all products, signs, displays, etc. must be kept within the confines of my assigned space.

_____ I and my staff have read and will comply with all rules and requirements listed for the Market, located in the Farmers Market Rules of Operation.

_____ I and my staff understand that the Farmers Market Rules of Operation may need to be modified when we move to the Green Street Market.

_____ I have included a copy of my Employee Identification Number (EIN) or Missouri Sales Tax ID.

All vendors and helpers must read and agree to comply with all of the Farmers Market Rules of Operations.

_____ Name (printed)

_____ Signature

_____ Date