



# Baker City Farmers Market 2021 Vendor Agreement

Farm/Business name: \_\_\_\_\_

Owner/Contact Person: \_\_\_\_\_

Physical Farm Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What fresh or processed food products will you be selling (attach list if additional space required)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What handcrafted items will you be selling (attach list if additional space required)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The market must have current copies of any licenses required for the operation of your business. Please attach copies and return with this application. (Oregon Department of Agriculture= ODA). Check the website (<http://www.oregonfarmersmarkets.org/>) for further information and requirements for vendors.

**Check all that apply:**

\_\_\_\_\_ ODA Nursery

\_\_\_\_\_ ODA Certified Kitchen

\_\_\_\_\_ ODA Scale

\_\_\_\_\_ USDA Organic

\_\_\_\_\_ OHD Restaurant Permit

\_\_\_\_\_ ODA Meat Sellers License

\_\_\_\_\_ Temp Restaurant

\_\_\_\_\_ Other

The undersigned agrees to exercise the utmost care in the use of facilities and properties of the Baker City Farmers Market and Baker City. You also agree to indemnify and hold harmless Baker City, the Baker City Farmers Market, its volunteers, and employees from any and all claims arising by reason of accident, injury or death caused to persons or property of any kind, arising out of, in connection with, or incidental to the Market.

Should you, as a vendor, occupy the premises in a manner which is hazardous or offensive to the public or other vendors, upon request of the Market Manager, you will immediately cease such conduct and you agree that failure to comply shall be cause to revoke this agreement.

You, as a vendor, understand that the premises used by the Baker City Farmers Market are owned by Baker City and are used with the owner's permission. Permission to use the premises can be withdrawn at any time. The undersigned agrees not to hold Baker City Farmers' Market or Baker City liable for any loss or damage claimed should the permission be withdrawn.

You, as a vendor, also agree to complete the BVSN Questionnaire & provide the statistical data required for BCFM to meet our obligation to OFMA and OSU for the Beginning Vendor Support Network (BVSN) research project during the 2021 market season. BVSN Survey can be completed online here: [https://oregonstate.qualtrics.com/jfe/form/SV\\_6fZDvIm5ygX56Kx](https://oregonstate.qualtrics.com/jfe/form/SV_6fZDvIm5ygX56Kx)

You, as a vendor, agree to accept BCFM Market Bucks and SNAP and DUFBA alternative currencies, if you sell eligible products. You will be reimbursed by the market for eligible BCFM Market Bucks, SNAP, or DUFBA alternative currencies. You agree to adhere to the rules of these programs. For DUFBA, you agree to submit the Eligible Vendor Acknowledgement Form if you sell eligible products (see BCFM Rules and Guidelines for details).

By signing below, I agree to abide by all Baker City Farmers Market rules. I understand that I must be a member in good standing of the Baker City Farmers' Market to be a vendor at this market.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor agreement may be provided to the market manager at any market, emailed, or mailed:

Email: [bakercityfarmersmarketor@gmail.com](mailto:bakercityfarmersmarketor@gmail.com)

Mailing address: Baker City Farmers Market  
P.O. Box 794  
Baker City, OR 97814