



Farmers Market

Vendor Profile and Renewal Form 2022

For more information on the Farmers Market Program, visit
<https://www.boston.gov/departments/food-access/farmers-markets-boston>.

VENDOR INFORMATION

Name of Business: _____

Name of Owner: _____

(if different from above) _____

Address: _____

Federal Tax ID #: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

MARKET STAFF INFORMATION

Staff 1 Name: _____

Staff 2 Name: _____

Contact

Information: _____

(if different from
above)

Address: _____

Contact

Information: _____

(if different
from above)

Address: _____

Phone: _____

Cell: _____

Phone: _____

Cell: _____

Email: _____

Email: _____

GENERAL PRODUCT INFORMATION

Please note all that apply

- ☐ We will be selling local, farm fresh and uncut, produce, honey, and/or maple syrup (EXEMPT)
- ☐ We will be selling local, farm fresh product that require either refrigeration or freezing (ex: eggs, chicken, meat products)
- ☐ We will be selling *only* locally caught, day-boat, fish and/ or crustaceans
- ☐ We will be selling farm fresh processed foods (**ex:** cheeses, jams, pies)
- ☐ We will be selling locally sourced and produced processed and/ or packaged foods
- ☐ We will be selling non-food related items or services (ex: cutting boards, knife sharpening, crafts)
- ☐ We will be attending the market as a non-vendor community partner (**ex:** Bikes not Bombs)

SUBMISSION

Submit this form and all required attachments to
your market manager(s)

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SCHEDULE

Please indicate where you have been approved to vend

	FARMERS MARKET	DAY OF WEEK YOU WILL ATTEND	EXPECTED FIRST DAY VENDING AT MARKET <i>(not market's opening day)</i>
<input type="checkbox"/>	Ashmont		
<input type="checkbox"/>	Boston University		
<input type="checkbox"/>	Boston Medical Center - NUBIA		
<input type="checkbox"/>	Boston Public Market		
<input type="checkbox"/>	BPM - Seaport		
<input type="checkbox"/>	BPM - Dewey Square		
<input type="checkbox"/>	Bowdoin Geneva		
<input type="checkbox"/>	Centre Street - JP		
<input type="checkbox"/>	Charlestown		
<input type="checkbox"/>	Codman Square		
<input type="checkbox"/>	Copley Market		
<input type="checkbox"/>	Dudley Town Common		
<input type="checkbox"/>	Dothouse Health		
<input type="checkbox"/>	East Boston		
<input type="checkbox"/>	Egleston		
<input type="checkbox"/>	Fields Corner		
<input type="checkbox"/>	Mattapan		
<input type="checkbox"/>	Mission Hill - Roxbury Crossing		
<input type="checkbox"/>	Mission Hill - Brigham Circle		
<input type="checkbox"/>	NUBIA		
<input type="checkbox"/>	Oak Square		
<input type="checkbox"/>	ReVision Urban Farm - Longwood		
<input type="checkbox"/>	ReVision Urban Farm - Temple Israel		
<input type="checkbox"/>	Roslindale		
<input type="checkbox"/>	SOWA		

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<input type="checkbox"/>	South Boston Farmers Market		
<input type="checkbox"/>	Upham's Corner		
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Other:		

VENDOR FEE

Each market location counts as 1 market. If you will sell multiple days at one market location, that will still count as one market.

Note: If you sell ONLY fresh produce, unprocessed honey from MDAR inspected apiaries, maple syrup, and/or farm fresh eggs, you are EXEMPT from paying a fee.

VENDOR DEMOGRAPHIC INFORMATION

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All information is optional. This information will in no way affect the status of your application, and will be collected for the sole purpose of understanding the demographic makeup of farmers' market vendors within the City of Boston.

Business Owner Information

Gender

☐ Male ☐ Female ☐ Other _____

Race/Ethnicity

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Native American or American Indian
☐ Asian or Pacific Islander ☐ Other _____

Age

Do you consider yourself to be disabled?

☐ Yes ☐ No

Are you a veteran of the U.S. military? ☐ Yes ☐ No

Staff Person 1

Gender

☐ Male ☐ Female ☐ Other _____

Race/Ethnicity

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Native American or American Indian
☐ Asian or Pacific Islander ☐ Other _____

Age

Do you consider yourself to be disabled?

☐ Yes ☐ No

Are you a veteran of the U.S. military? ☐ Yes ☐ No

Staff Person 2

Gender

☐ Male ☐ Female ☐ Other _____

Race/Ethnicity

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Native American or American Indian
☐ Asian or Pacific Islander ☐ Other _____

Age

Do you consider yourself to be disabled?

☐ Yes ☐ No

Are you a veteran of the U.S. military? ☐ Yes ☐ No

REQUIRED DOCUMENTS

Please attach to this document

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- ☐ List of any other local farms whose EXEMPT product you will be vending; note the city, state & address of each farm
- ☐ Copy of ServSafe certificate (if required)
- ☐ Copy of Allergen certificate (if required)
- ☐ Copy of Permits: city, state, federal, USDA (if required)
- ☐ Copy of Business Certificate- Required for all vendors. This can be from the city in which your base operations are located, proof of LLC, proof of incorporation or similar documentation
- ☐ Date of most recent inspection of your scale. (if your products are sold by weight)
- ☐ Food Demonstration & Sampling Request(s) may be updated 10 business days prior to event (date & vendor specific)
- ☐ Garbage & Rubbish Removal Plan (if separate from application)
- ☐ Check, made payable to City of Boston, for: \$_____ (\$100 x # of markets)

Please sign below

Print Vendor Name

Vendor Signature

Date

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