



Bridgeport Farmers Market Collaborative Standard Vendor Application

Please see the Bridgeport Farmers Market Vendor & Market Manager Guide for more information about our farmers market, application process, and requirements and expectations of vendors. Submission of your completed Vendor Application does not guarantee your acceptance to the Market.

BRIDGEPORT FARMERS MARKET COLLABORATIVE MARKET OVERVIEW:

- I. The Bridgeport Farmers' Market Collaborative (BFMC) was established in 2014 and consists of nine independently-operated markets in Bridgeport, CT. Each market shares a common mission to increase access to healthy, local fruits and vegetables for all, regardless of income. The BFMC meets on a monthly basis to undertake joint programming, fundraising, and marketing in support of member markets. All markets are operated by one designated Market Manager.
- II. Bridgeport Farmers Market Collaborative is a network of farmers markets in Bridgeport, CT.
In the Appendix, applicants can find a list of:
 - i. 2024 market locations (find dates & times on our website)
 - ii. 2024 Vendor Tabling Fees
 - iii. Code of Conduct for BFMC Vendors
- III. All markets operate rain or shine, unless inclement or unsafe weather causes cancellation. This is determined by Market Managers.
- IV. Vendors will receive and be held to conduct expectations of all team members on site at every BFMC Market as found in the Code of Conduct in the Vendor & Market Manager Manual to ensure a safe, inclusive and welcoming space for every Bridgeporter and customer. Violations of conduct codes are subject to expulsion from all BFMC markets.

A. CONTACT INFORMATION

Name: _____ Position: _____

Business Name : _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

What is the best way to reach you? _____

Market day-of contact name: _____

Market day-of contact cell phone: _____

Languages spoken by Market day-of contact: _____



B. BRIDGEPORT FARMERS MARKETS

Please Check the Markets for which you are applying to vend for the **2024 season**.

(A full list of Market locations, dates, and times are located on page 4 of the Vendor & Market Manager Manual)

- | | |
|--|--|
| <input type="checkbox"/> East End NRZ Market & Café | <input type="checkbox"/> Downtown Market @ McLevy |
| <input type="checkbox"/> Reservoir Community Farmers' Market | <input type="checkbox"/> Stratfield Saturday Market |
| <input type="checkbox"/> Alliance Farmers Market | <input type="checkbox"/> St. Vincent's Farm Stand |
| <input type="checkbox"/> East Side Market | <input type="checkbox"/> Farm Stand @Bridgeport Hospital |
| <input type="checkbox"/> Farmers Market of Black Rock | |

1. Have you been a vendor at any of the above locations in previous seasons? If answering yes, which one(s)?

C. VENDOR TYPE

Please see Page 5 in the Vendor & Market Manual for more information on vendor type and select the vendor type that best describes your anticipated participation at our markets in **2024**.

- Seasonal Vendor
- Bi-weekly Vendor
- Guest Vendor
- Business Table
- Community Group Table

Please provide us with either your preferred start date (for Seasonal and Bi-weekly Vendors) or your requested date(s) (for Guest Vendor, Business Table or Community Group Table):

D. SOCIAL MEDIA

Website: _____

Facebook: @ _____

Instagram: @ _____

I hereby grant and authorize BFMC and its Markets the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken me and my products to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or other consideration.

I hereby grant permission to BFMC and its Markets to use and reproduce any portion of the photo images I have posted on social media channels for the purposes listed above.



I realize that I may revoke this authorization at any time by notifying BFMC in writing. The revocation will not affect any actions taken before the receipt of this written notification.

E. ADDITIONAL VENDOR INFORMATION

- I. Vendors must carry a minimum policy of General Liability coverage limit of \$1,000,000. Vendors with employees must carry Workers' Compensation with these limits: \$500,000/\$500,000/\$500,000. BFMC must be listed as a certificate holder on the General Liability and Workers' Compensation Policy (if applicable) Certificates of Insurance (COIs) and must be listed as "Additional Insured" on General Liability Policy. Have you attached COIs attached per the above statement?
- Yes No
- II. What form(s) of payment will your business accept at the Farmers Market? *Check all that apply.*
- Cash Personal Check
 Credit or debit card Money apps (CashApp, Venmo, ApplePay, etc.)
- III. Does your business currently participate in any of the following programs? *Check all that apply.*
- Supplemental Nutrition Assistance Program (SNAP)
 Women, Infants, and Children (WIC)
 Senior Checks
 Farmers Market Coupons aka Bridgeport Bucks
 Other: _____
- IV. Will your business have a pop-up tent?
- Yes (If yes, you are required to bring weights. Failure to comply will be a safety violation.)
 No
- V. Will your business need electricity at the Farmers Market?
- Yes (Please note: you will be required to bring electrical cover(s) for your power cords)
 No

If yes, provide the following information about your electricity needs.

Type of equipment (i.e. lights):	How many?	How much electricity is required?
<i>Example: electric griddle</i>	<i>one</i>	<i>150 watts</i>

List each product you would like to sell at the Market. Additional sheets may be attached if necessary. It is important to ensure all products are included here, **otherwise, they may not be sold at the Market.** Please note also that, you may need to provide all relevant certifications for your products.



Please attach additional sheets of paper with product lists if necessary.

F. FOR FOOD VENDORS ONLY

I. I understand that these food products must be Connecticut Grown to be sold at Bridgeport Farmers Markets: flowers, honey, produce, meat, fish, eggs, dairy.

Yes

No

II. Produce vendors must be certified to accept FMNP. If you are a produce vendor, are you certified?

Yes (please submit your certification)

No (contact: erin.windham@ct.gov)

Farm/Production Location: List all locations used for production of products you would like to offer at BFMC Markets.

For Farms: List acres and indicate planned location of processing for this year. This is for food safety traceability purposes.

Farm Location	Acres	Processing Location

G. FOOD PROTECTION & TEMPORARY FOOD PERMIT

Per the CT Department of Public Health, the following farm products are exempt from Temporary Food Permit requirement:

- Fresh produce (fresh, uncut fruits and vegetables)
- Unprocessed honey (raw honey as defined by the National Honey Board)
- Maple syrup
- Farm fresh eggs (must be stored and maintained at 45 degrees F or lower)
- **All other food product vendors are required to obtain a Temporary Food Permit from the City of Bridgeport.**
- **You can find instructions on this process below (Vendor & Market Manager Manual; page 7)**

All other food vendors are required to obtain a Temporary Food Permit from the City of Bridgeport.

III. Do you require a Temporary Food Permit? Yes No

IV. If Yes, have you acquired it? Yes No

V. Does your product require temperature control (i.e. heating or cooling)? Yes No

VI. If yes, are all representatives attending the market ServSafe certified? Yes No



- VII. Will your product be served for immediate consumption? Yes No
- VIII. If yes, all representatives attending the market are allergen certified? Yes No
- IX. If yes, your product will be for immediate consumption or samples, please list utensils/equipment used for sampling:

H. CONSENT TO RULES & POLICIES

I have read and understand the Bridgeport Farmers Market Collaborative Vendor & Market Manager Guide and meet the vendor eligibility standards stated therein. I agree to abide by all Market requirements as outlined in the Rules & Policies, as well as all federal, state, and local laws, codes and regulations. I understand that Bridgeport Farmers Market Collaborative, and its Director, Board and Market Managers are authorized, at their discretion, to issue warnings, suspensions, and/or immediate revocation of Market participation to vendors, customers, or other Market participants for failure to comply with any BFMC Vendor & Market Manager Guide or for otherwise engaging in disruptive behavior and, in the event of a suspension or revocation, I will not be entitled to a refund of fees paid or items used. Lastly, I agree to cooperate with BFMC and return all necessary documentation and correspondence for the remainder of the Market season.

I. CHECKLIST

- Completed application
- Any attachments such as farm map, crop plan, or product lists.
- Certificates of insurance as stated above listing the market/location as a certificate holder on General Liability Policy and Workers' Compensation and listing the market/location as additional insured on General Liability.
- Temporary Food Permit from the City of Bridgeport (if applicable)
- Farmers Market Nutrition Program (FMNP) Certificate (if applicable)

Scan and email to: bridgeportfarmersmarkets@gmail.com with the subject: Vendor Application 2023

I have read and understand the BFMC Vendor & Market Manager Guide and meet the vendor eligibility standards stated therein. I agree to abide by all Market requirements as outlined in the BFMC Vendor & Market Manager Guide as well as all federal, state, and local laws, codes and regulations. I understand that BFMC is authorized, at its discretion, to issue warnings, suspensions, or immediate revocation of Market participation to vendors, customers, or other Market participants for failure to comply with any BFMC Rules and Policies or for otherwise engaging in disruptive behavior and, in the event of a suspension or revocation, I will not be entitled to a refund of fees paid or items used. Lastly, I agree to cooperate with BFMC and provide all necessary documentation and correspondence for the remainder of the Market season.

Name, Name of Farm/ Business

Signature Date

The below is for use by BFMC only.

Bridgeport Farmers Market Collaborative, LLC | bridgeportfarmersmarkets@gmail.com | www.bridgeportfarmersmarket.org

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This application is adapted thanks to the work of Union Square Farmers Market and Union Square Main Streets



Market Manager: Fill out below.

- 1. make a photocopy of the completed document
- 2. provide the copy to the Vendor
- 3. scan the original onto the BFMC Drive
- 4. file the original document with the BFMC Director

Market Manager Name: _____

Has all necessary information been provided? Yes No

Notes: _____

Has the vendor been Approved? Yes No

Notes: _____

Which market(s) are they attending?

- | | |
|--|--|
| <input type="checkbox"/> East End NRZ Market & Café | <input type="checkbox"/> Downtown Market @ McLevy |
| <input type="checkbox"/> Reservoir Community Farmers' Market | <input type="checkbox"/> Stratfield Saturday Market |
| <input type="checkbox"/> Alliance Farmers Market | <input type="checkbox"/> St. Vincent's Farm Stand |
| <input type="checkbox"/> East Side Market | <input type="checkbox"/> Farm Stand @Bridgeport Hospital |
| <input type="checkbox"/> Farmers Market of Black Rock | |

If not accepted, please explain: _____
