

The Humpday Farmers' Market Vendor Application 2024 Season

4/24/24-10/30/24

| Farm/Business Name: | | | SUBMIT |
|---|--|--|--|
| Contact Person: Preferred Phone: Email Address: | (this will be used | to send texts to you) | by 2/20 for notification by 3/6 |
| Mailing Address: City: | State: | Zip: | |
| Farm/Business Bio: (Describ media & marketing) | | • | |
| Complete the sections a | pplicable to the product | s that you wish to bring | յ to market. |
| Humpday Farmers' Market is sell. There is no purchase for our market. If you have invest someone else's farm, then y special exceptions for produpeaches or apples. Every exproduct to market. We'll plan What crops do you plan to | s a "Producers Only Marked resale or gleaning of producted in the planting, feeding, ou can sell it at Humpday Face that no one grows and is acception must be first approven to visit every grower this year. | uce from other farms so that weeding and harvesting of armers' Market. Our board considered a major producted by the board prior to you ear. | you can sell at a crop on loes allow t, such as |
| Crops | Month | Crops | Month |
| | | | |
| Describe insect and disease | control practices used: | | |
| Describe weed managemen | t practices: | | |
| List product names and activ | e ingredients of any pesticion | de or herbicide used: | |
| Check off all methods that yo Compost Animal manures Mulch | Standard fertilizers Cover crops | Organic liquids/sprays/po | owders |

| MEAT, DAIRY, EGG, FISH an Attach a copy of all required certification products. Note that the market do You must be self-sufficient in acceptablic Health. | fications/licenses required by the sees not provide electricity – your g | enerator must be low decibels. |
|--|---|--------------------------------|
| Do you use any of the following in topical antiseptics, bactericie ionophores for rumen microgrowth promoters: product rum antiparasitic drugs: product | des, or fungicides: product names organisms: product namesnamesnamesnames | S |
| antibiotics to control disease | e or promote growth: product nam | es |
| What type of confinement or rang | e do the animals have to feed and | d move around in? |
| How do you manage invasive wee fertilization practices and herbicid | | hanical controls used, |
| What meat processors do you use | e for your animal products? | |
| If you sell eggs, then provide your | r egg license number: | (include a copy of license) |
| Only unadulterated local honey w honey in jars or honeycomb, bees honey, hot honey, or blended hon Operation. Describe your insect and disease | swax, and propolis. If you offer proper products then you must registed | ocessed honey, such as infused |
| How many miles from Carbondale How many hives do you have? | | |
| □HERBS AND CUT FLOWERS What fresh herbs or flowers are years | ou planning to bring to market? | ottage Foods) |
| Describe insect and disease control | rol practices used: | |
| List the products that you plan to locally sourced! | | |
| Food Products | Food Products | Food Products |
| | | |

Cottage Food Operations are required to be a Certified Food Protection Manager (CFPM). If you're not certified, you can't sell prepared foods at the market. You must provide a copy of your CFPM certificate and a copy of your local health department registration certificate with a registration number. The registration number must be on your product labels.

You are allowed to have an employee sell your products for you at market, but they cannot help you prepare them or package them without having passed the CFPM exam. Include the names and certificates of anyone else involved in the preparation of your products. Cottage Food Operations are expected to comply with all current regulations for "Home to Market Act" and to register yearly with your local health department. You should also make a courtesy call to the Jackson County Health Department at 618-684-3143 to let them know that you are vending in Jackson County.

You can find a link to the 2023 IDPH Cottage Food Guide at:

https://extension.illinois.edu/sites/default/files/idph_cottage_food_guide-_2022.pdf It is your responsibility to stay current with the Illinois Cottage Food Requirements.

Commercial food processing kitchens prepare food products in a commercial, professionally inspected kitchen, you need to attach a current inspection report of your food production for this class of food production. You can't use an inspected kitchen for food production to sell at markets – contact the health department for this classification of food production.

□NON-FOOD, ARTISAN VENDORS – CREATIVE PROCESS

No kit constructed products and no resale products will be accepted – this includes handcrafted soaps and skincare products. Soaps and skincare products must have required labels with ingredients and contact information provided. If you produce skincare products or make special claims about your soaps, then you stay informed Modernization of Cosmetics Regulation Act of 2022: https://www.fda.gov/cosmetics/cosmetics-laws-regulations/modernization-cosmetics-regulation-act-2022-mocra

- Send pictures of your art/creations with your application.

Please describe the products you create and wish to bring to market. Tell us how the products are created. Highlight any local materials sourced for your items.

| ereated: riightight arry leedi materiale eedi eed ter | your nome. |
|---|------------------|
| Artisan Products | Artisan Products |
| | |
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□VENDOR CATEGORIES AND RATES

The market has two vendor categories:

- regular vendor attends all 28 market weeks. Vendor fees are prepaid in 1 or 2 installments. No refunds for missed market days, but you receive a discount for paying up front for the whole season. To maintain your regular placement in the market you are expected to attend 75% of the market days (21 weeks).
- 2) <u>day vendor</u> attends at least half of the market days. Vendor fee is paid each week on the day of market. Please note that we really want you to be a **regular** weekly market vendor.

| Which vendor category ar | e you applying for? (Select one below) |
|--------------------------|--|
| full-seasor | n vendor |
| day vendo | r |

Full-Season Vendor Rate: The full-season vendor will pay \$244, rather than \$280.

- Full-season vendors commit to attending every market of the season and will have their same location assignment weekly.
- This requires early payment for the market season paid in full on the 1st market day, 4/24/24. You may make 2 payments of \$122 on 4/24/24 and 7/3/24. If this causes hardship, then speak with the HDFM president, Angela Batson at 618-713-1282.
- Full-season vendors do not need to notify the HDFM President of their intent to participate each week. However, they must notify the HDFM President as soon as possible <u>if they will</u> miss a market. No refunds for missed markets.
- Full-season vendors are featured on the HDFM website, social media and marketing, including any press releases.

<u>Day Vendor Rate</u>: The day vendor will pay \$10 each market day – if day vendors attend every market the day vendor rate will total \$280.

- Day vendors must contact the HDFM President by 2pm on Mondays to confirm their intention to be at market on Wednesday.
- Day venders can be featured in social media if they confirm their plan by Monday.

| All Vendors need to indicate their planned attendance at the market (helps with placement) Please circle the dates that you plan to be at the Humpday Farmers' Market in 2024 | | | | | |
|---|---|----|----|----|----|
| April 24 | | | | | |
| May | 1 | 8 | 15 | 22 | 28 |
| June | 5 | 12 | 19 | 25 | |
| July | 3 | 10 | 17 | 24 | 31 |
| August | 7 | 14 | 21 | 28 | |
| September | 4 | 11 | 18 | 25 | |
| October | 2 | 9 | 16 | 23 | 30 |

All vendors are strongly encouraged to actively communicate via texts. Each Sunday the produce and the cottage food operations vendors will receive an email from the HDFM president asking what produce and/or baked goods will be brought to the following Wednesday market. This helps everyone to know what to expect at market and to fill a niche with your own signature products.

□INSURANCE REQUIREMENT

Policy minimum: \$300,000.00 – All vendors must provide proof of liability insurance prior to vending at the market. You need to request a copy of a "certificate of insurance" listing the "Humpday Farmers' Market LLC" as "additional insured". This is not an unusual request of your insurance provider. Humpday Farmers' Market is already insured but your action of listing Humpday Farmers' Market LLC as an additional insured protects the market from claims related to your products/vendor stall. If your insurer has a question, then we can clarify.

Humpday Farmers' Market is the managing body for the market with the address of 10309 Old Highway 13, Murphysboro, IL 62966. The certificate should be emailed directly by your insurance provider to:

Angela Batson at the following email: abatson9@gmail.com (618)713-1282

| Insurance Provider: | _Policy Number: | |
|---------------------|-----------------|--|
| Expiration Date: | • | |

| □ APPLICATION CHECKLIST completed application | ses, permits, et g to market or review by co s/farm (digital p | c related to your marke mmittee photos preferred) | et products |
|--|---|---|-------------------------|
| | SUBMIT by 2/20 for notification by 3/6 | | |
| SIGNATURE AND UNDERSTANDING I have read and agree to follow all the Hun to abide by the market policies may result Humpday Farmers' Market, I also agree to that the above-mentioned items are product that apply. | in the loss of ve assume the ful | endor privileges. As a ven Il risk of any injuries and o | dor at the damages, and |
| Signature of Applicant | | Date: | |
| Printed Name of Applicant: | | | |
| Mail application (digital preferred) and all The Humpday Farmers' Market c/o Angela Batson, President | required docur | nents to: | |

c/o Angela Batson, President
P.O. Box 3621
Carbondale, IL 62901
Abatson9@gmail.com
618-713-1282