Santa Cruz Community Farmers’ Market
Artisan foods/prepared foods vendor interest form

Please complete and mail to the following:

SCCFM
ATTN: FOOD VENDOR INTEREST FORM
P.O. BOX 8189
SANTA CRUZ, CALIFORNIA 95061

Business name______________________________________________________________

Date___________________________

Contact person_______________________________________________________________________________________________

Address______________________________________
city/zip_________________________________

Business phone______________________________________ 2ND PHONE____________________________________________

Website________________________________________________
email_____________________________________________

Selling as (circle one): PREPARED FOOD VENDOR OR ARTISAN FOOD VENDOR

Business ownership (circle all that apply)

FAMILY OWNED LIMITED PARTNERSHIP CORPORATION NON-PROFIT CO-OP

Can you provide a copy of your business license, papers of incorporation or CA. Sellers Permit?

Please describe the food item(s) you wish to sell at our markets:

Please describe your business, business history and philosophy/mission:
INGREDIENT QUESTIONS:

_____% OF CERTIFIED ORGANIC INGREDIENTS
LIST INGREDIENTS:

_____% OF INGREDIENTS PURCHASED BOUGHT FROM VENDORS OF SCCFM FARMERS MARKETS
LIST INGREDIENTS:

_____% OF INGREDIENTS PURCHASED AT OTHER FARMERS MARKETS
LIST INGREDIENTS AND WHERE THEY ARE SOURCED:

WHAT ARE THE INGREDIENTS AND THERE SOURCES FOR ANY ITEMS THAT ARE NOT LISTED ABOVE:

Do you serve any dairy ingredients? If yes, please specify what and where the milk is sourced:

Do you use any coagulant or rennet in your food product? If yes, list the type and brand.

Do you use any oils including cooking oil for frying in your production? If yes, list the oil and brand.
How is product packaged or served?

What other farmers’ markets do you sell at?

Do you have business insurance?

Do you have two (2) years or more experience in a restaurant or food related business. If yes, please describe.

Have you obtained all of the appropriate permits for producing and selling your product at a farmers market? If yes, please specify.

Direct sales outlet questions:

______% of sales from farmers markets

______% of sales from your own store

______% of sales made online

______% of sales to wholesale distributors

______% of sales direct to restaurants.

Which restaurants (please list name of the business and city it is located in)?
Which SCCFM markets are you interested in selling at:

Felton farmers market (Tuesday 2:30 to 6:30pm) ☐
May to November

Santa Cruz farmers market (Wednesday 2:30 to 6:30pm) ☐
Year-round

Westside S.C. farmers market (Saturday 9am to 1pm) ☐
Year-round

Scotts Valley farmers market (Saturday 9am to 1pm) ☐
Year-round

Live Oak Farmers market (Sunday 9am to 1pm) ☐
Year-round

If you have any comments about your business, food item we should know about please write below and feel free to add additional pages if necessary.