

**KANSAS GROWN! INC.**  
**Vendor Profile and Agreement – 2008**

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Production Location: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Kansas Sales Tax ID# \_\_\_\_\_ Egg Stamp ID# \_\_\_\_\_

Plant License # \_\_\_\_\_ Certified Kitchen # \_\_\_\_\_ Scale Cert. Date \_\_\_\_\_

Meat/Poultry License # \_\_\_\_\_

Kansas Grown Member Since: \_\_\_\_\_ Attended 2007 Market # \_\_\_\_\_ times

Number of times expected to attend in 2008 \_\_\_\_\_ Months expected to attend \_\_\_\_\_

Do you have a retail location grossing more then \$100,000.00 per year? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the markets you will be attending: **Sedgwick County Extension, 21<sup>st</sup> & Ridge**, Saturdays (7:00 a.m. – Noon) \_\_\_\_\_;

Wednesdays (3:00 p.m. – 7:00 p.m.) \_\_\_\_\_; **Green Acres, 8141 E. 21<sup>st</sup>, Bradley Fair**, Tuesdays (3:00 p.m. – 7:00 p.m.) \_\_\_\_\_; or

**Derby, 800 N. Baltimore**, Saturdays (8:00 a.m. – Noon) \_\_\_\_\_.

I would like to sell the following products at Kansas Grown Farmers' Market:

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

**CONDITIONS OF MEMBERSHIP**

To become a member of Kansas Grown! Inc., and to be permitted to sell products at Kansas Grown Farmers Market, the undersigned hereby agrees to the following conditions:

1. To accurately complete all information requested on this form.
2. To enclose a **\$40.00 fee on or before the Annual Spring Membership Meeting**. If not paid by the Annual Spring Membership Meeting, there will be a **\$40.00 late fee in addition to the regular \$40.00 membership fee. If membership fees are not paid by the first (1<sup>st</sup>) Saturday market in April, the membership will be terminated.** Make checks to Kansas Grown Inc! PO Box 771245, Wichita, KS 67277-1245.
3. To sell only Kansas grown or produced products at the Kansas Grown! Inc., Market.
4. To abide by the decision of the Membership Committee, which has exclusive authority to approve or deny membership.
5. That I have received, fully read, and understand this form as well as the following documents provided to me.
  - a. Bylaws of Kansas Grown! Inc.
  - b. Operational Rules for Farmers Market.
  - c. The Code of Conduct, Grievance Issues and Enforcement Rules, and Corrective Actions.
6. That I am in complete compliance with all requirements set forth in the above referenced documents and will abide by all rules of conduct.
7. That all disputes or grievances regarding membership issues or issues relating to the operation of the Farmers Market will be resolved exclusively through the established grievance procedure.
8. That membership and sales privileges at the Farmers Market may be revoked by the Market Manager or the Grievance Committee in accordance with the procedures established.
9. To hold harmless and release from all liability, Kansas Grown! Inc., as well as its Directors and the members of the Grievance Committee, with respect to the performance of their duties regarding enforcement of the Bylaws, Operational Rules and Code of Conduct.
10. Have a valid Kansas sales tax registration certificate.
11. That I am 18 years of age or older.
12. **The person signing below is the person having the voting privilege for the membership.**

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