

Tulsa Farmers' Market (TFM)

Membership Application Form RETURNING CRAFT Vendors

INSTRUCTIONS:

- 1. This application is for returning CRAFT VENDORS ONLY. If you were not a TFM craft vendor last year please do not use this application.
- 2. It is a vendor's responsibility to know what permits, licenses, and certificates are required, and all must be current and valid.
- 3. This application is complete ONLY when accompanied by ALL required documents. Applications that are not complete will not be considered.
- 4. APPLICATION DEADLINE IS JANUARY 31st. In order to insure your participation in the summer markets your complete application must be postmarked by this date. If your application is incomplete or late you shall be charged a late fee of \$50 and may lose your membership.

Business Name					
Name/s					
Phone					
E-mail					
Website					
Facebook or other Social Media web addresses:					
Mailing Address					
City		State		_ Zip	
Business Address (if different)					
City		State		_ Zip	
Is your contact information the same as last year?	Yes	No			
If no, what information is different?					
Which is the best way to communicate with you?	Email Te	ext or	Regular Mail		
Do you want your contact info listed on the TFM website?	? Ye	es	No		
How many people were employed by this business last caseasonal workers.	alendar ye	ar? Please in	nclude full time, p	art time, and	

How many years has this farm/business	been in operation?	
Is your farm or business family run or a c	orporation?	
Circle the market(s) you are interested in will be notified which markets you may at		y not be accepted into all markets. You
Saturday Cherry St. Market	Brookside Wed. Market	Sat. Winter Market
Which dates do you plan to sell at the ma	arket?	
Do you accept credit card payments?	Yes No	
Is your vehicle or trailer longer than 18 fe	et? Yes No	
If yes, what is the length of your vehicle of	or trailer?	_

Tulsa Farmers' Market



Craft Declaration of Product

Please Note:

- Fill out to the best of your ability. Failure to be specific may preclude you from selling an item not listed below.
- Vendors must produce all the products they sell at each market. Reselling of products is prohibited.
- Information on this form is subject to verification.

Business Name
Please describe in thorough detail all of the items you will be selling at the market. Please list the sources of Oklahoma products you use to produce your products. You may attach a separate sheet if necessary.

My signature below certifies that I have read and understand the TFM Rules and Regulations, and agree to abide by all the Rules and Regulations of the TFM. I understand my membership in the TFM can be revoked. I also understand the TFM has the right to inspect my business with or without notice.

Signature	Date
Attached is my (check all that apply):	
\$100 Membership Fee (\$50 required with Declaration of Product (required) Sales Tax Permit (required) Additional relevant licenses or permits Vendor Survey (required)	application submission and remainder due by the end of April.)
Please mail this application, all relevant perm	nits/licenses/certificates, and your membership fee to:
Tulsa Farmers' Market P.O. Box 14572 Tulsa, OK 74159	
MARKET USE ONLY: Date Received	
Is Application complete? Yes	No
If no, what is missing?	

Vendor Survey

Thank you for taking the time to complete this survey. This information is very important to monitor progress from year to year and evaluate the success of the market. This data is also vital in securing grants and support from various community partners. Please fill it out as accurately as possible. A completed survey is required for your application to be accepted (partially filled out surveys are not acceptable). Thank you.

1.	Which category incl	hich category includes your age?						
	18-29	30-44	45-54	55-64	6	5 or older		
2. \	What gender do you	identify with?						
	Male	Female Other (ther (Please s _l	(Please specify)			
3. \	What is your race?							
	Caucasian	ucasian African American Asian Nativ		Native Ha	waiian or Pacific Islande	r		
	Native America	n or Alaskan N	ative (Which	Tribe?)	0	ther (Please specify)		
4. Products offered (if circling more than one, please rank in order of highest sales):								
	Produce	Dairy	E	ggs	Meat and	Poultry		
	Cut Flowers		Fiber		Crafts			
	Prepared Food	Nurse	ery Plants	Honey	0	ther (Please Specify)		
5. If you are a returning TFM Vendor, have your sales increased or decreased compared to last year?								
	Increased	ncreased Decreased Remained the Same		me				
6. /	Approximately what p	percentage of y	our total hou	sehold income	e is from s	ales at the TFM?		
	Less than 25%	25 to	50%	50-75%		75 to 100%		
7.	How many miles do y	you travel to att	end Market?	•				
8.	Please list any busin	ess or agricultu	ıral programs	s you are invol	ved in that	you feel TFM should co	nnect with.	
9. \	What are your sugge	estions for impro	oving the ma	rket? (Optiona	ıl)			
10.	. What are your favor	rite things abou	t the market	? (Optional)				