Tulsa Farmers’ Market (TFM)
Membership Application Form
NEW Service based Vendors

INSTRUCTIONS (PLEASE READ FIRST):

1. This application is for NEW SERVICE BASED VENDORS ONLY.

2. A $25 non-refundable processing fee must be submitted with your application in order to be considered. Please note that space is very limited for service vendors. Service vendors who incorporate local goods will be given priority consideration.

3. Service vendors must submit pictures or a link to view their services with their application.

4. It is a vendor’s responsibility to know what permits, licenses, and certificates are required, and all must be current and valid. This application is complete ONLY when accompanied by ALL required documents (see the checklist on page 4). Only complete applications will be considered.

5. A Committee consisting of the TFM Board of Directors, Market Director & Financial Director reviews all new applications. Acceptance of new vendors into the Market is at the complete discretion of the TFM Board of Directors and management. If your application is accepted, you will be contacted by the Market Director and asked to pay your $100 membership fee. $50 is required at the time of acceptance and the remainder is due by the end of April.

6. Application Deadline - new vendors can send in an application any time, but it is advised to send it in before January 31 of each year for best consideration for the summer markets.

7. All new vendors are subject to a one year trial period to ensure compliance with Market regulations.

8. Waiting list - there is no waiting list, but new vendors are more likely to be accepted who offer products underrepresented at the market.

Business Name _______________________________________________________________

Name/s ________________________________________________________________

Phone ____________________________ Cell Phone ____________________________

E-mail ____________________________________________________________

Mailing Address _______________________________________________________

City ____________________________ State ____________ Zip ____________________________
Business Address (if different) ____________________________________________________________
City ______________________ State _______________ Zip _________________________________

Website, Facebook or any other social media addresses:
____________________________________________________________________________
____________________________________________________________________________

Which is the best way to communicate with you?    Email       Text    or    Regular Mail

Do you want your contact info listed on the TFM website?    Yes       No

Circle the market(s) you are interested in attending. Please note that you may not be accepted into all markets. You will be notified which markets you may attend by market manager.

Saturday Cherry St. Market    Brookside Wednesday Market    Saturday Winter Market (Brookside)

Which dates do you plan to attend the market? ____________________________________________

Will the owner of the business attend each market? _____________

How many people were employed by this business last calendar year? Please include full time, part time, and seasonal workers. ________________

How many years has this farm/business been in operation? ________________

Is your farm or business family run or a corporation? _____________________________

How big is the vehicle or trailer you will be bringing to the market? ______________________

Are you willing to unload your vehicle and park outside the market?    Yes       No

Please provide a brief description of your operation:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Tulsa Farmers’ Market

Declaration of Product

Please Note:

• Fill out to the best of your ability. Failure to be specific may preclude you participating.
• Information on this form is subject to verification.
• Preference is given to vendors who produce, raise, and/or harvest one or more ingredients or raw materials. Next preference is given to those using OK Grown ingredients.

Business Name ________________________________________________________________

Please describe in thorough detail all of the services you will be offering at the market. **Be sure to list ingredients that are grown or produced in Oklahoma and the producer, if known.** You may attach a separate sheet if necessary.

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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.
Attached is my (check all that apply):

_____ Declaration of Product (required)
_____ Sales Tax Permit (required)
_____ $25 Application Fee (required)
_____ Additional relevant licenses or permits
_____ Vendor Survey

Please mail this application, all relevant licenses/permits/certificates & a check or money order to:

Tulsa Farmers’ Market
P.O. Box 14572
Tulsa, OK 74159

MARKET USE ONLY:  DATE APPLICATION RECEIVED: __________________________
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 includes your age?
   - 18-29
   - 30-44
   - 45-54
   - 55-64
   - 65 or older

2. What gender do you identify with?
   - Male
   - Female
   - Other (Please specify)

3. What is your race?
   - Caucasian
   - African American
   - Asian
   - Native Hawaiian or Pacific Islander
   - Native American or Alaskan Native (Which Tribe?)
   - Other (Please specify)

4. Products offered (if circling more than one, please rank in order of highest sales):
   - Produce
   - Dairy
   - Eggs
   - Meat and Poultry
   - Cut Flowers
   - Fiber
   - Crafts
   - Prepared Food
   - Nursery Plants
   - Honey
   - Other (Please Specify)

5. If you are a returning TFM Vendor, have your sales increased or decreased compared to last year?
   - Increased
   - Decreased
   - Remained the Same

6. Approximately what percentage of your total household income is from sales at the TFM?
   - Less than 25%
   - 25 to 50%
   - 50-75%
   - 75 to 100%

7. How many miles do you travel to attend Market?

8. Please list any business or agricultural programs you are involved in that you feel TFM should connect with.

9. What are your suggestions for improving the market? (Optional)

10. What are your favorite things about the market? (Optional)