



Membership Application

KANSAS GROWN! INC.

Current year application cutoff date is March 10.

Business Name: _____

Business Owner(s): _____

Mailing Address: _____

City: _____ Zip: _____ Email: _____

Production Location: _____

Business Phone #: _____ Do your annual gross sales exceed \$225,000? Y / N

Kansas Sales Tax ID# _____ Scale Cert. date _____

Please indicate which markets you plan to attend:

___ Wichita Market - 7001 W. 21 St. N, April thru October, Saturdays 7am. – Noon - *ONLY apps submitted before March 10!*

___ Derby Market - 512 E. Madison, May thru September, Saturdays 8am – 1pm

Number of times expected to attend _____ Months expected to attend _____

About My Business:

I plan to sell the following products: *(List in detail, applications for crafts must include photos)*

Date Received: _____

___ Approved ___ Denied

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Products Offered:

<input type="checkbox"/> Produce (see below)	<input type="checkbox"/> Breads	<input type="checkbox"/> Honey	<input type="checkbox"/> Candles
<input type="checkbox"/> Plants	<input type="checkbox"/> Cookies	<input type="checkbox"/> Mixes	<input type="checkbox"/> Woodcrafts
<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Jams/Jellies	<input type="checkbox"/> Pottery
<input type="checkbox"/> Beef	<input type="checkbox"/> Candy / Snack Foods	<input type="checkbox"/> Pickles	<input type="checkbox"/> Art/Sculptures
<input type="checkbox"/> Pork	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Kettle Corn	<input type="checkbox"/> Apparel
<input type="checkbox"/> Poultry	<input type="checkbox"/> Freeze-Dried Foods	<input type="checkbox"/> Pet Treats	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Jerky	<input type="checkbox"/> Coffee / Teas	<input type="checkbox"/> Hemp/CBD	<input type="checkbox"/> Toys
<input type="checkbox"/> Other Meats	<input type="checkbox"/> Prepared Beverages	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other Crafts
<input type="checkbox"/> Eggs	<input type="checkbox"/> Salsa	<input type="checkbox"/> Soap	<input type="checkbox"/> Compost
<input type="checkbox"/> Dairy Products	<input type="checkbox"/> BBQ/Sauces/Seasonings	<input type="checkbox"/> Makeup/Skincare	OTHER (Please Specify): _____

Produce Varieties:

☐ I do not offer produce

<input type="checkbox"/> Apples	<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Onions (green)	<input type="checkbox"/> Shallots
<input type="checkbox"/> Asparagus	<input type="checkbox"/> Eggplant	<input type="checkbox"/> Peaches	<input type="checkbox"/> Spinach
<input type="checkbox"/> Beans	<input type="checkbox"/> Garlic	<input type="checkbox"/> Pears	<input type="checkbox"/> Squash (summer)
<input type="checkbox"/> Beets	<input type="checkbox"/> Grapes	<input type="checkbox"/> Peas	<input type="checkbox"/> Squash (winter)
<input type="checkbox"/> Blackberries	<input type="checkbox"/> Herb Plants	<input type="checkbox"/> Peppers	<input type="checkbox"/> Strawberries
<input type="checkbox"/> Blueberries	<input type="checkbox"/> Herbs	<input type="checkbox"/> Plums	<input type="checkbox"/> Sweet Corn
<input type="checkbox"/> Broccoli	<input type="checkbox"/> Kale	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Sweet Potatoes
<input type="checkbox"/> Brussels Sprouts	<input type="checkbox"/> Kohlrabi	<input type="checkbox"/> Pumpkins	<input type="checkbox"/> Swiss Chard
<input type="checkbox"/> Cabbage	<input type="checkbox"/> Lettuce	<input type="checkbox"/> Radishes	<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Cantaloupe	<input type="checkbox"/> Microgreens	<input type="checkbox"/> Raspberries	<input type="checkbox"/> Turnips
<input type="checkbox"/> Carrots	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Rhubarb	<input type="checkbox"/> Vegetable Plants
<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Okra	<input type="checkbox"/> Salad Greens	<input type="checkbox"/> Watermelon
<input type="checkbox"/> Cherries	<input type="checkbox"/> Onions	<input type="checkbox"/> Sandhill Plums	<input type="checkbox"/> Zucchini

Business Licenses:

☐ My business does not require any licenses

<input type="checkbox"/> Meat/Poultry	- # _____	<input type="checkbox"/> Farm Winery	- # _____
<input type="checkbox"/> Food Processors	- # _____	<input type="checkbox"/> ABC Farmers Market Permit	- # _____
<input type="checkbox"/> Food Establishment	- # _____	<input type="checkbox"/> Microbrewery	- # _____
<input type="checkbox"/> Animal Feed	- # _____	<input type="checkbox"/> Caterer	- # _____
<input type="checkbox"/> Mobile Food Unit	- # _____	<input type="checkbox"/> OTHER LICENSES	- # _____
<input type="checkbox"/> Egg	- # _____		
<input type="checkbox"/> Dairy	- # _____		
<input type="checkbox"/> Plant Dealers	- # _____		

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

1. To accurately complete all information requested on this form.
2. That I have fully read and understand this form as well as the following documents: 1) Bylaws of Kansas Grown! Inc., and 2) Operational Rules for Kansas Grown ! Inc.
3. That if I am selling produce or food products, I have also read and understand the following document: Food Safety Guidelines for Kansas Farmers Market Vendors: Regulations and and Best Practices.
4. To sell only as a producer, Kansas-grown or produced products at the Kansas Grown! Inc., Farmers' Market, and not have annual gross sales of more than \$225,000 per year.
5. That I am in complete compliance with all requirements set forth in the above referenced documents and will abide by all rules of conduct.
6. 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.
7. 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.
8. To abide by the decision of the Membership Committee, which has the exclusive authority to approve or deny any membership.
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. To provide a copy of a valid Kansas sales tax registration certificate, and a certificate of business liability insurance, along with any other licenses that may be required.
11. That I am 18 years of age or older.
12. That I will pay the annual membership dues (\$60 for full membership, or \$30 for provisionals) upon approval of this application.

Applicant Signature

Date

Please ensure that the following are enclosed before submitting your application:

☐ *Membership Application (3 pages)*

☐ *Photos of your products*

☐ *Photocopy of your sales tax certificate*

☐ *Certificate of General Liability insurance for your business, showing "Kansas Grown! Inc." as additional insured*

☐ *Photocopies of business licenses (if required)*

OR - email files to ksgrowninc@gmail.com