

**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 \_\_\_\_\_ 2<sup>ND</sup> 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.