



Date Received: \_\_\_\_\_

## Parkville Farmers Market Association 2021 APPLICATION FORM

**Applicant's Name:** \_\_\_\_\_

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

**Spouse/Employer Name(s):** \_\_\_\_\_

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

**Phone Number(s):** \_\_\_\_\_

**Website & E-Mail Address:** \_\_\_\_\_

**MO Sales Tax # (required):** \_\_\_\_\_

(All Vendors must have a Missouri Sales Tax number BEFORE participation in the Market  
COPIES OF: any license or certification ALSO vehicle and product insurance)

**Description of Produce/Products:** (types of vegetables, fruits, meats, baked items, jams/jellies,  
crafts or plants – continue your list on the back of the application if necessary.)

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**Please provide the address and driving directions to your farm/business from the market location:** \_\_\_\_\_

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**Which market days do wish to attend?**

Wednesday afternoons only (\$15.00 a week per stall)

Saturday mornings only (\$270.00 per stall for season)

Both Wednesday & Saturday (\$300.00 per stall for season)

Saturday Weekly Vendor (\$35.00 a week per stall)

Extra:  Require electricity (limited quantities available)

**Supplementation Considerations from the Parkville Farmers Market Board:** (List what products you wish to supplement and where you will be obtaining these items from; with address and directions from the market location.)

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The Board of Directors must approve all applications before that person is allowed to sell at the Parkville Farmers Market. Approval by the Board shall be based on availability of stall space, produce or value-added, product mix and accepted products. Payment of the seasonal fee guarantees a space in the market for that season. New Vendors are restricted to one stall for the first year. Vendors must let the market manager know if they are not coming to the market no later than 6:00pm the night before the market day. All vendors, by signing, agree to abide by the Parkville Farmers Market Association and By-Laws, Rules and Regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application with payment, to Shelley Oberdiek, Market Manager.  
**Make checks payable to: Parkville Farmers Market Association.**

Shelley Oberdiek  
Market Manager  
24440 Oberdiek Lane  
Platte City, MO 64079  
[ParkvilleFarmersMarket@gmail.com](mailto:ParkvilleFarmersMarket@gmail.com)  
(816) 200-0401

For Office use only;
Date approved: _____
Check number: _____
Days attending: _____
Stall number: _____
Market Manager's Signature: _____