

**Seacoast Growers Association
P.O. Box 4401
Portsmouth, NH 03802-4401
Application for Membership 2011
Due Date is January 15, 2012 for returning vendors.
Due Date is March 1, 2012 for new vendors.**

RETURNING MEMBERS FILL IN ALL INFORMATION, INCLUDING FARM OR BUSINESS NAME ON EACH PAGE SUBMITTED. ANY INCOMPLETE APPLICATIONS WILL BE RETURNED. PLEASE DO NOT WRITE "ON FILE".

Name and address of farm or business:

Name and address of owners(s): (include mailing address)

Telephone (AM) _____ (PM)

E-Mail

Type of vendor (check only one) ___ Agricultural ___ Craft ___ Prepared Food

As a condition of membership, each vendor is required to participate in one of the following committees: (Please indicate your first (1), second (2), and third (3) choice.)

	Advertising/ Promotion		Demonstration
	Site Development		Craft Jury
	Membership		Farm Inspection
	Nominating		Food Jury
	Website		

Name of Farm/Business _____

Submission items to be included with application are listed below. Please note that your application will not be processed until ALL applicable items are received.

- *Appropriate Agricultural/Craft/Food application page*
- *Current health permit(s) (State and/or Town)*
- *Current Organic Certification*
- *Insurance certificate from your carrier.*
- *Application Fee of \$60.00, check or money order made out to “Seacoast Growers Association”*
- *Marketing form*

The Seacoast Growers Association (SGA) is a non-profit corporation registered with the State of New Hampshire, operating in cooperation with, and in mutual support of, farms in the seacoast area. The SGA’s purpose is to promote the agricultural economy by providing marketing opportunities, in the form of farmers’ markets, for its members.

“I have received and read the Seacoast Growers Association bylaws and the Seacoast Growers Association rules and regulations and agree to abide by them. To the best of my knowledge all information presented in this application is accurate and truthful. Falsification of information may lead to revocation of membership. Failure to complete any section and include necessary documentation may lead to non-acceptance. Membership is non-transferable and may be revoked for violation of the market rules and regulation (see disciplinary procedures).”

*It is the responsibility of the owner of the business to advise the employees of all bylaws, rules and regulations, and expected behavior.

Signature(s) of all owner(s) of Farm/Business

Date

Please print name(s) of all owner(s) of farm/business

*****For Board use Only*****

Date application was received	
Application fee enclosed / amount / check number	
Number of spaces allotted	
Application cover sheet / appropriate agricultural / craft / food page enclosed	
Current organic certification enclosed	
Current health permit enclosed	
Insurance certificate enclosed	
Marketing Form	

Name of Farm/Business _____

MARKET SHEET

Please check the markets in which you are interested in vending. Remember, you must pay stall fees for all the markets and dates you indicate, whether or not you actually attend the market.

Durham Monday 2:15-5:30		Hampton Tuesday 3:00-6:00		Dover Wednesday 2:15-6:00		Exeter Thursday 2:15-6:00		Portsmouth Saturday 8:00-1:00	
						5/3		5/5	
						5/10		5/12	
						5/17		5/19	
						5/24		5/26	
						5/31		6/2	
6/4		6/5		6/6		6/7		6/9	
6/11		6/12		6/13		6/14		6/16	
6/18		6/19		6/20		6/21		6/23	
6/25		6/26		6/27		6/28		6/30	
7/2		7/3		7/4		7/5		7/7	
7/9		7/10		7/11		7/12		7/14	
7/16		7/17		7/18		7/19		7/21	
7/23		7/24		7/25		7/26		7/28	
7/30		7/31		8/1		8/2		8/4	
8/6		8/7		8/8		8/9		8/11	
8/13		8/14		8/15		8/16		8/18	
8/20		8/21		8/22		8/23		8/25	
8/27		8/28		8/29		8/30		9/1	
9/3		9/4		9/5		9/6		9/8	
9/10		9/11		9/12		9/13		9/15	
9/17		9/18		9/19		9/20		9/22	
9/24		9/25		9/26		9/27		9/29	
10/1		10/2		10/3		10/4		10/6	
						10/11		10/13	
						10/18		10/20	
						10/25		10/27	
								11/3	

*Cost is \$6.00 weekday / \$21.00 for Ports./Sat Market

Name of farm or business: _____

ARICULTURAL APPLICATION

Note: Vendors must complete this application if any product they intend to sell falls within this category.

Name of owner(s) of farm business: _____

Phone: _____

E-mail: _____

Do you lease any land? Yes No

Please give complete directions to farm or business including any leased land:

Note: An additional sheet may be necessary Please make sure you fasten that sheet to the back of this application.

Please place a check beside farm products you produce for sale:

Vegetables

<input type="checkbox"/>	Sweet Corn	<input type="checkbox"/>	Asparagus	<input type="checkbox"/>	Leeks	<input type="checkbox"/>	Peppers
<input type="checkbox"/>	Popcorn	<input type="checkbox"/>	Eggplant	<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>	Potatoes
<input type="checkbox"/>	Beets	<input type="checkbox"/>	Summer Squash	<input type="checkbox"/>	Peas	<input type="checkbox"/>	Pickling Cucumber
<input type="checkbox"/>	Cauliflower	<input type="checkbox"/>	Beans	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>	Parsnip
<input type="checkbox"/>	Brussels Sprouts	<input type="checkbox"/>	Greens	<input type="checkbox"/>	Melons	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Carrots	<input type="checkbox"/>	Zucchini	<input type="checkbox"/>	Watermelon	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Shallots	<input type="checkbox"/>	Herbs	<input type="checkbox"/>	Turnips	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Kohlrabi	<input type="checkbox"/>	Winter Squash	<input type="checkbox"/>	Cabbage	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Garlic	<input type="checkbox"/>	Kale	<input type="checkbox"/>	Onions	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Radishes	<input type="checkbox"/>	Dry Beans	<input type="checkbox"/>	Cucumbers	<input type="checkbox"/>	Other:

Fruits

<input type="checkbox"/>	Strawberries	<input type="checkbox"/>	Blackberries	<input type="checkbox"/>	Peaches
<input type="checkbox"/>	Apples	<input type="checkbox"/>	Plums	<input type="checkbox"/>	Raspberries
<input type="checkbox"/>	Blueberries	<input type="checkbox"/>	Pears	<input type="checkbox"/>	Other:

Ornamentals and Plants

<input type="checkbox"/>	Cut Flowers	<input type="checkbox"/>	Bedding Plants	<input type="checkbox"/>	Dried Flowers
<input type="checkbox"/>	Shrubs & Trees	<input type="checkbox"/>	Vegetable Transplants	<input type="checkbox"/>	Hanging Baskets
<input type="checkbox"/>	Indian Corn	<input type="checkbox"/>	Gourds	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Herb Plants	<input type="checkbox"/>	Pumpkins	<input type="checkbox"/>	Other:

Other Products (must comply with all city, state and federal regulations) :

<input type="checkbox"/>	Cider	<input type="checkbox"/>	Meat	<input type="checkbox"/>	Mushrooms
<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Honey	<input type="checkbox"/>	Seafood	<input type="checkbox"/>	Other:

How many acres or square feet are under cultivation: _____

Note: Please specify area (Acres/Sq. Feet) for:

____ Sweet Corn ____ Mixed Vegetables ____ Small Fruit ____ Tree Fruit ____ Pumpkins

How many square feet of greenhouse and/or high tunnel do you have? _____

Name of Farm/Business _____

CRAFT APPLICATION

Note: Vendors must complete this application if any product they intend to sell falls within the category.

Name of farm or business: _____

Name of the owner(s) of farm or business: _____

Please place a check next to the products you produce for sale:

<input type="checkbox"/>	Baskets	<input type="checkbox"/>	Quilting
<input type="checkbox"/>	Dried Flower Arrangements	<input type="checkbox"/>	Paintings
<input type="checkbox"/>	Wreaths	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Jewelry	<input type="checkbox"/>	Pottery
<input type="checkbox"/>	Knits	<input type="checkbox"/>	Wood Products
<input type="checkbox"/>	Yarns	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Other:

Please describe in detail (use back if necessary):

Prior to approval of application all work must be submitted to the craft jury. All crafts must be produced by the vendor. Crafters will be notified of jury dates.

All crafts must be appropriate for the SGA Farmers' Market and must show originality and uniqueness. Natural materials should be used whenever possible and substitutions of synthetic materials are discouraged and will not generally be permitted. Workmanship, attention to detail, and final presentation of the product must be of the highest standard. Products made from kits will not be considered. Applicants should be aware that, given space limitations and the need for diversity, the SGA must consider the balance of the products offered at the markets in considering craft vendor applications.

Name of Farm/Business _____

MARKETING FORM

The following information will be used for marketing purposes, including the brochure and web site. Please provide all information as you would like it to appear on all marketing items.

Business / Farm Name	
Primary Contact	
Address	
Telephone	
E-mail and/or Web address	

Product Category (Please check all that apply)

<input type="checkbox"/>	Berries, Fruits and Vegetables	<input type="checkbox"/>	Cider, Tea, and Wine
<input type="checkbox"/>	Flowers and Plants	<input type="checkbox"/>	Art & Fine Crafts
<input type="checkbox"/>	Dairy, Meat, Eggs & Fish	<input type="checkbox"/>	Bodycare
<input type="checkbox"/>	Honey & Syrup	<input type="checkbox"/>	Certified Organic
<input type="checkbox"/>	Prepared Foods	<input type="checkbox"/>	EBT/SNAP accepted

<p>Describe your business. You might highlight certain products and practices, or talk about other retail outlets you have. Include specific “keywords” for web searches. Please limit this section to 20 words or less.</p> <p>example: “Elenor’s famous Certified Organic heirloom kohlrabi, fresh baked pies, hand crafted moccasins. CSA shares. Farmstand open May-December.”</p>	
---	--

Vendor Survey: Seacoast Growers' Association

YOUR NAME_____

YOUR BUSINESS NAME_____

1. Tell me something most people don't know about your business.
2. How long have you been in business?
3. What was your profession before you started this?
4. What's your favorite product that you make?
5. What's your favorite product that someone else (different category) sells at market?
6. Why do you love the — — (Dover/Durham/Exeter/Hampton//Portsmouth) — — market? (I'd especially love reasons to love the weekday markets. :))
7. What's something not many customers know about you? Like, what do you do when you're not farming/making food/making your craft?
8. What are you going to do when you retire?
9. Who taught you your trade and who are you teaching now?
10. In what ways has this profession changed over the years? Where is it going? What does it need?
11. Anything else to tell the world?