

SHOREVIEW

Farmers Market



Shoreview Farmers Market

2026 Vendor Application

Tuesday's

June 2 - September 1 | 3 - 7 pm
September 8 - October 13 | 3 - 6 pm

Application process

- All applicants must complete a vendor application and all required forms and licenses before consideration for participation at Shoreview Farmers Market.
- Applications must be filled out completely to be considered and returned to the applicant.
- Applying does not guarantee acceptance into the market.

Vendor criteria

- Items must be homegrown, locally produced, or made by the vendor.
- All prepackaged products must be prepared in accordance with the rules established by the Minnesota Department of Health and Agriculture and produced by the vendor.

Products appropriate for the market

- Edible products
- Fresh fruits & vegetables (including certified organic)
- Frozen farm-raised meats & eggs
- Cheese/dairy products
- Honey/maple syrup
- Baked goods (desserts, bread)
- Canned goods (salsa, sauces, jam/jelly, pickles)
- Jerky
- Herbs/spices
- Kettle corn, nuts, granola
- Pet treats & etc.

Artisan products

- Fresh-cut flowers & plants
- Metal & woodwork
- Glass, pottery & garden art
- Photography & candles
- Jewelry
- Soaps & natural body products
- Rugs & textile items

Products NOT appropriate for the Market

- Home party or consultant-type businesses (ex. Tupperware, Mary Kay)
- Businesses, non-profits, those running for elected office, fundraising groups, and/or organizations wanting to promote their company. – Check out the community booth

Mail Application to:

City of Shoreview Farmers Market

Attn: Market Manager

4580 Victoria Street North, Shoreview, MN 55126

Priority registration and the deadline for returning 2025 vendors is March 6. Applications will be accepted throughout the season; however, space is limited, so you are encouraged to submit your application early!

Contact information

Business/Farm Name: _____

Primary Seller Name (First/Last): _____

List additional sellers and indicate their relationship to the primary seller

Name of additional seller	Relationship to the primary seller

Mailing Address: _____

City/State/Zip Code: _____

Farm, Garden, or Business Address (if different from above): _____

Business/Primary Phone: _____ E-Mail: _____

MN Sales Tax ID Number (if applicable): _____

Nature of business (check the appropriate boxes below)

I produce (please check all that apply):

<input type="checkbox"/> Fruits and/or vegetables	<input type="checkbox"/> Certified organic (attach copies of certification documents)
<input type="checkbox"/> Meat, dairy, and/or eggs	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Grains and or legumes	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Nursery plants	

Do you grow/produce all your items?	Yes	No
If no – please explain		
Do you require electricity?	Yes	No
Are your items grown in or connected to Minnesota?	Yes	No
Are you a member of Minnesota Grown?	Yes	No
Are you a registered Farmers Market Nutrition Program vendor?	Yes	No
Do you use sprays/insecticides on your product?	Yes	No
Are you selling any canned/processed food items?	Yes	No
If you sell meat, where is the meat processed?		
Payments you accept (circle all that apply)	Cash	Credit/debit card
List other farmers' markets that you attend:		

Attendance dates - Indicate all days you will be attending the market.

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 9	<input type="checkbox"/> 14	<input type="checkbox"/> 11	<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 16	<input type="checkbox"/> 21	<input type="checkbox"/> 18	<input type="checkbox"/> 15	
<input type="checkbox"/> 23	<input type="checkbox"/> 28	<input type="checkbox"/> 25	<input type="checkbox"/> 22	
<input type="checkbox"/> 30			<input type="checkbox"/> 29	

Permits, licenses, and insurance

It is the vendor's responsibility to have all the correct licensing, permits, and insurance. Additional licensing from the Ramsey County Department of Health may be required to participate in the market. Please contact them at 651-266-1199 to ensure that you are fully licensed. **INCLUDE WITH APPLICATION.**

Vendor publicity:

We want to promote our vendors! Please check the pieces of information below that you would like to share with the public. We will not share any information that is not checked below.

Your farm or business name

Your social media accounts/website

Product availability list:

The number of vendors in each category is limited in order to prevent saturation in one category. The Market Manager will determine the number of vendors in each category through the application process.

Payment:

Stall size request	Fee
Full Season – 20 market days	
<input type="checkbox"/> Single stall (2 full parking spaces) – one vehicle allowed	\$ 440 full season (\$22 Market)
<input type="checkbox"/> Double stall (4 full parking spaces) – one vehicle allowed	\$ 660 full season (\$33 Market)
<input type="checkbox"/> Daily stall (2 full parking spaces) – one vehicle allowed	\$30 daily fee
<input type="checkbox"/> Electrical (entire season)	\$ 25 entire season

Shoreview Farmers Market Application Agreement - please check:

- I have read and agree to abide by all City of Shoreview Farmers Market guidelines and rules.
- I understand that, once I receive written confirmation of my acceptance, the season fee is non-refundable.
- I agree that the City of Shoreview is not liable for any injury, illness, theft, loss, or damage of any kind to either the buyer or seller, or their property, arising out of or pertaining to preparation for, participation in, or use or consumption of products bought, sold, or provided at the Shoreview Farmers Market.
- I understand that it is required that I carry my own general liability and product liability insurance, as the City of Shoreview does not provide this coverage.
- The City of Shoreview takes pictures and videos of people participating in/attending the Shoreview Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos, and quotes of my employees and me for this purpose.

The following forms are required to complete the application:

- Completed application
- MN Department of Revenue form ST-19
- Copy of general liability insurance
- Required licenses/certificates for your product/business (Dept. of Health, Agriculture, USDA, cottage food, etc.)

Vendor Signature

Date