

Orleans Farmers' Market, Inc.
Registration Form
January to December 2024
Vendor Information

Vendor & Farm Name: _____ / _____

Physical Address: _____

Mailing Address: _____

Phone & email: _____

Vendor category (majority of products by volume during peak season of June to September).

CHECK ONLY ONE :

Produce (raw, edible food) _____ Horticultural products _____

Processed food _____ Seafood _____

Crop list- attach separate paper - supply a new list every year _____

Processed foods permits & products list with ingredients attached new every year: _____

I have the following talents / hobbies that could benefit the market: _____

Vendor Insurance Certificate-required by the Federation of Mass. Farmers Markets _____

Full Time, every week in a designated space - Vendor Fee \$400.00 per space:

Occasional vendors, when and where space allows - Vendor Fee \$25.00 per market

Payment 1/2 payment due by May 1st, Balance due by June 1st

Make checks payable to and mail to:

Orleans Farmers' Market, Inc.
46 Tar Kiln Rd., Orleans MA 02653

In consideration of the Indemnification of Directors and Officers and agreement contained herein, each participant in the Orleans Farmers Market as a vendor, or their invitees, agrees to release and hold harmless The Orleans Market Place (property owners and management) and the Town of Orleans at 44 Main Street, all vendors and the Market Directors from all claims, demands, and liabilities, what so ever which may or could arise out of the operation of the market and the use and occupation of the Market premises by the vendors or their invitees or the Market Directors at any time here after, including any claim for personal injury or property damage caused by negligence of the released parties, but excluding any action based on intentional tort.

I have read the Orleans Farmers' Market, Inc., Handbook of Rules and Regulations and agree to be bound by the terms contained therein.

Signed: _____ Date: _____

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 Tokens and FMNP Coupons Contract

I, _____ on behalf of my business, _____ agree to abide by the rules described herein as they relate to the processing of WIC, Senior, SNAP, HIP, and Credit/Debit (EBT) transactions. I/we agree to follow all USDA Food Stamp Program rules, as outlined on the bottom of this agreement. I/we understand that the **Orleans Farmers' Market, Inc.** has the right to remove vendors from the market who choose not to uphold this agreement.

USDA FOOD STAMP PROGRAM RULES

TOKEN CURRENCY:

SNAP tokens are green and say \$2.50, FRESH FOODS, NO CHANGE

You may NOT set a minimum purchase requirement.

Fresh Food tokens may be used to buy

Fruits, vegetables, herbs, meats, fish, poultry, dairy products (i.e. cheese), breads, eggs, honey, jam, preserves, seeds and plants intended for growing food.

Fresh Food tokens may not be used to buy:

Non-food items like candles, soap, jewelry, pottery, wool, etc.

Ready-to-eat hot foods (like soup, hot sandwiches, etc.)

TOKEN CURRENCY:

Fruit and Vegetable "Bonus Token" (token is larger than other tokens)

Only for Fruits & Vegetables

You may NOT purchase anything other than Fruits & Vegetables

TOKEN CURRENCY:

Cash/Debit tokens are red and say \$5.00.

ANY PURCHASE, MAKE CHANGE

may be used to buy anything at the market and change can be given

TOKEN CURRENCY:

Healthy Incentive Program (HIP) purchases are managed with paper slips and a multi-step process.

Customer gets one slip from info table for each farmer, picks out produce from farmer and has farmer hold produce, then customer brings slip back to info table for authorization and returns to farmer with stamped/authorized slip to pick up produce.

HIP is Good for FRESH FRUITS & VEGETABLES ONLY

HIP is a monthly State bonus given on the 1st of the month, in varying amounts (\$40,\$60,\$80) depending on family size.

The customers will purchase all tokens from the market manager with the EBT/Credit Card machine and then proceed to the vendor of their choice to make purchases.

At the end of the market day vendors will return the tokens (in envelope provided) to the market manager to have them counted and recorded.

Once a month vendors will receive payment for the redeemed tokens.

Farmers Market Nutrition Program Coupons:

"MDAR Paper Coupons" (This is a paper coupon)

May be used to buy: Fresh Foods - Only from Vendors Registered with MDAR

You may NOT purchase anything other than Fruits & Vegetables

Please contact: Rebecca Davidson at MDAR for the Farmer Agreement for Nutrition Program Coupons

<https://www.mass.gov/forms/farmer-agreement-for-redemption-of-farmers-market-coupons-2021>



ORLEANS FARMERS MARKET RECEIPT	
SNAP & HIP VEGETABLES	
FARMER'S COPY	
Vendor: _____	
Date: _____	
Fruit & Veggies: _____	\$HIP _____
Other Food Items*: _____	\$SNAP _____
Total Purchase\$: _____	\$Total _____
*This receipt is not valid for hot foods or non-food items	

Signature of Market member(s) _____ Date: _____

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Crop & Product List

Vendor & Farm Name: _____

Physical Address: _____

Mailing Address: _____

Phone & email: _____

The following is a list of crops that I will grow on my farm or produce in my certified kitchen at the above address to sell at the Orleans Farmers' Market. I understand that any product that is not listed here may not be sold at Market. Any of the following may be included: raw uncut fruit and vegetables, fresh or dried flowers, herbs, cultivated mushroom, honey, eggs, lobsters, shellfish and Market approved horticultural products. If you are planning to sell eggs, the farm inspector will want to see that they are harvested soon after being laid and are cleaned and stored below 45°F. Please list products by common name of species and the time frame you expect to make them available. All products need pre-approval from the Orleans Board of Health and must be listed in order to be sold at market.

Lobsters, Shellfish and Processed Foods need additional Board of Health paperwork.

<https://www.town.orleans.ma.us/Search?searchPhrase=farmers%20market>

Farmers Market Permit Application

EGGS: Please indicate plans to keep below 45°F to and during Markets.

HONEY: Please indicate plans for jar sterilization and labeling.

Vendor Signature: _____

Crop List Starts here and continues on back page and more sheets if needed —>>