



Date Received: _____

Parkville Farmers Market Association

2025 YOUTH VENDOR APPLICATION FORM

Youth Name: _____

Business Name: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone Number(s): _____

E-Mail Address: _____

(Youth vendors will be aged 10 to 16. It is required that an adult, 18 or older, be present during operational hours)

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

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

Which market days do you wish to attend?

☐ Wednesday Weekly Vendor (\$5.00 a week fee per stall)

☐ Saturday Full Season (\$150.00 fee per stall for season)

Application Checklist:

- ☐ Completed and signed 2025 Youth Vendor Application
- ☐ Platte County Health Department Farmers Market Sampling Permit if sampling. ☐ Letter from owner of property confirming land is being used by youth if borrowing/ leasing space. ☐ Missouri Egg License if selling eggs.
- ☐ Dairy Products Manufacturing Plant License if selling milk, cheese, or other dairy products.
- ☐ State of Missouri Department of Agriculture Commercial Feed License if selling pet treats or livestock feed.

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, verify the above information is accurate, and agree to abide by the Parkville Farmers Market Association By-Laws, and Rules and Regulations.

Signed: _____ Date: _____

Please return completed application, with payment, to Joyce McFarland, Market Manager. New applicants only may submit payment during their site visit (an inspection by the Market Manager of the vendor's property where the sellable goods are grown or made). **Please make check or money order payable to: Parkville Farmers Market Association. No cash accepted.**

Joyce McFarland
Market Manager
PO Box 32
Farley, MO 64028
ParkvilleFarmersMarket@gmail.com
(816) 200-0401

For Office use only:

Date approved: _____

Check number: _____

Days aending: _____

Stall number: _____

Market Manager's signature: _____