



Parkville Farmers Market 2026 Food Truck Vendor Application

Business Information

Business Name: _____

Owner Name(s): _____

Phone Number: _____

Email Address: _____

Business Address: _____

Website/Social Media: _____

Food Truck Details

Truck Name (if different): _____

Type of Cuisine: _____

Menu Description: _____

Average Price Range: _____

Truck Length (including hitch): _____

Do you require electricity? Yes No (120 volts provided, but must bring power cord)

Do you use a generator? Yes No

Licenses & Certifications

(Attach copies where applicable)

Business License

Food Handler Permit

- Health Department Permit
- Fire Inspection Certificate
- Sales Tax ID

Insurance Provider: _____

Policy Number: _____

Expiration Date: _____

Food Safety & Operations

Describe food preparation process:

Where is food prepared and stored (if not on the truck)? _____

If using a commissary or innovation kitchen, please list the contact information: _____

Handwashing station on truck? Yes No

Market Participation

(Saturday full season: \$300 / Saturday weekly drop-in rate: \$40 / Wednesday full season: \$50 / Wednesday weekly drop-in rate: \$15)

Dates applying for: _____

Agreements & Policies

The Board of Directors must approve all applications before vendors are allowed to sell at the Parkville Farmers Market. Vendors must let the market manager know if they are not coming to the market no later than 6:00 PM the night before the market day. By signing, all vendors verify that the above information is accurate, and agree to abide by the Parkville Farmers Market Association By-Laws, and Rules and Regulations. By signing below, I agree to:

- Comply with all local, state, and market regulations
- Maintain proper licensing and insurance
- Follow all food safety guidelines

- Operate only during approved market hours
- Keep my space clean and dispose of waste properly

Signature: _____

Date: _____

Please return completed application with payment to Joyce McFarland, Market Manager. Please make check or money order payable to: **Parkville Farmers Market Association**. Cash is not 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 attending: _____

Market Manager's signature: _____