

ST. LUKE LUTHERAN CHURCH

1807 FIELD AVENUE • ST. PAUL, MINNESOTA, 55116 • 651.698.9443

FARMERS' MARKET VENDOR APPLICATION 2025

Please provide your contact information.

Your Name	Your Address
Farm/Business Name	Farm/Business Address (if different)
Phone Number	E-mail Address

Please list: the type of produce/product you anticipate selling, the dates you expect it available for sale, and where the produce is grown (if applicable).

Type of Produce/Product	Expected Dates Available	Location Grown

Please list the other farmers' markets in which you participate and the dates you anticipate attending.

Farmers' Market	Dates Attending

Please check ALL weeks you plan on attending the St. Luke's Farmers' Market:

June 14	
June 21	
June 28	
July 12	
July 19	
July 26	
August 2	
August 9	
August 16	
August 23	
August 30	
September 6	
September 13	
September 20	
September 27	
October 4	

* Please note: We will not host the market on Saturday, July 5th.

Please read and sign the following:

I certify that I have received a copy of the St. Luke's Farmers' Market Vendor Guidelines and agree to abide by the rules contained therein.

I certify that I carry the insurance as required by the St. Luke's Farmers' Market Vendor Guidelines, including product liability insurance and workers' compensation insurance if required. I will provide a copy of that certificate of liability insurance to the Market Manager no later than the first Saturday I participate in the market.

I certify that the information I have provided above is true and accurate to the best of my knowledge, and that I will promptly notify the St. Luke's Farmers' Market of any changes thereto.

Signed by _____ on _____, 20_____.

Signature

Printed Name

Farm/Business Name: _____

Return form to: St. Luke's Farmers' Market 1807 Field Avenue, St. Paul, MN 55116 or as an attachment emailed to wlbjorklund@stcloudstate.edu