



RI DEM Farmers Market 2024 Application

Farm / Business Point of Contact

FARM/BUSINESS NAME: _____

FARM/BUSINESS ADDRESS:

Street Address: _____

City, State, Zip: _____

MAILING ADDRESS: Check this box if information is same as above

Street/PO Box: _____

City, State, Zip: _____

CONTACT INFORMATION:

Primary Contact Name: _____

Telephone/Fax: (____) _____ Email: _____

Secondary Contact Name: _____

Telephone/Fax: (____) _____ Email: _____

Farm / Business Categorization

How would you categorize your farm/business? (check all that apply)

- Farm
- Bakery
- Fishery
- Beverage
- Dairy
- Hot or Ready-to-Eat
- Meat
- Seafood
- Food Truck
- Specialty/Other: _____

Product Information

Which products will you be selling at the market?

If you are a farm, how many acres of each product are in production:

<input type="checkbox"/> Apples _____	<input type="checkbox"/> Sweet Cherries _____	<input type="checkbox"/> Marjoram _____	<input type="checkbox"/> Radish _____
<input type="checkbox"/> Apricots _____	<input type="checkbox"/> Chestnuts _____	<input type="checkbox"/> Melon _____	<input type="checkbox"/> Raspberries _____
<input type="checkbox"/> Apriums _____	<input type="checkbox"/> Chicory _____	<input type="checkbox"/> Mulberries _____	<input type="checkbox"/> Rhubarb _____
<input type="checkbox"/> Artichoke _____	<input type="checkbox"/> Chives _____	<input type="checkbox"/> Microgreens _____	<input type="checkbox"/> Rosemary _____
<input type="checkbox"/> Basil _____	<input type="checkbox"/> Cilantro _____	<input type="checkbox"/> Mung beans _____	<input type="checkbox"/> Rutabaga _____
<input type="checkbox"/> Blackberries _____	<input type="checkbox"/> Cucumber _____	<input type="checkbox"/> Mushroom _____	<input type="checkbox"/> Turnips _____
<input type="checkbox"/> Blueberries _____	<input type="checkbox"/> Berry currant _____	<input type="checkbox"/> Mustard greens _____	<input type="checkbox"/> Sage _____
<input type="checkbox"/> Bok Choy _____	<input type="checkbox"/> Dandelion _____	<input type="checkbox"/> Nectarine _____	<input type="checkbox"/> Scallions _____
<input type="checkbox"/> Boysenberries _____	<input type="checkbox"/> Endive _____	<input type="checkbox"/> Onions _____	<input type="checkbox"/> Shallot _____
<input type="checkbox"/> Fava Beans _____	<input type="checkbox"/> Fennel _____	<input type="checkbox"/> Orange _____	<input type="checkbox"/> Spinach _____
<input type="checkbox"/> Broccoli _____	<input type="checkbox"/> Garlic _____	<input type="checkbox"/> Oregano _____	<input type="checkbox"/> Sprouts _____
<input type="checkbox"/> Brussel Sprouts _____	<input type="checkbox"/> Gooseberries _____	<input type="checkbox"/> Parsley _____	<input type="checkbox"/> Strawberries _____
<input type="checkbox"/> Burdock _____	<input type="checkbox"/> Grapes _____	<input type="checkbox"/> Parsnips _____	<input type="checkbox"/> Summer squash _____
<input type="checkbox"/> Chinese Cabbage _____	<input type="checkbox"/> Green beans _____	<input type="checkbox"/> Peas/snow peas _____	<input type="checkbox"/> Swiss chard _____
<input type="checkbox"/> Cabbages _____	<input type="checkbox"/> Honeydew _____	<input type="checkbox"/> Peaches _____	<input type="checkbox"/> Thyme _____
<input type="checkbox"/> Cantaloupes _____	<input type="checkbox"/> Huckleberries _____	<input type="checkbox"/> Pears _____	<input type="checkbox"/> Tomatoes _____
<input type="checkbox"/> Carrots _____	<input type="checkbox"/> Kale _____	<input type="checkbox"/> Peppers/hot, sweet _____	<input type="checkbox"/> Turnip greens _____
<input type="checkbox"/> Cauliflower _____	<input type="checkbox"/> Leek _____	<input type="checkbox"/> Plums _____	<input type="checkbox"/> Watercress _____
<input type="checkbox"/> Celeriac _____	<input type="checkbox"/> Lemons, Limes _____	<input type="checkbox"/> Quince _____	<input type="checkbox"/> Watermelon _____
<input type="checkbox"/> Celery _____	<input type="checkbox"/> Lettuce _____	<input type="checkbox"/> Radicchio _____	<input type="checkbox"/> Yams _____

If you are a farm, which growing practices apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Certified Organic | <input type="checkbox"/> Integrated Pest Management (IPM) |
| <input type="checkbox"/> RI GAP / CQP | <input type="checkbox"/> Harmonized GAP |
| <input type="checkbox"/> Chemical Free | <input type="checkbox"/> Other: _____ |

Rhode Island Farmers Markets

Please Check Which Farmers Markets You Would Like To Attend and Approximately When You Plan to Begin Attending:

***The 2024 Market Season is from the first week of May to Columbus Day weekend.**

Start & End Dates:

Goddard Park: 5/3/24-10/11/24

Fishermens Memorial: 5/5/24-10/13/24

Starting Arrival Date:

GODDARD PARK - Fridays from 9 am to 1 pm

FISHERMENS MEMORIAL - Sundays from 8:30 am to 12 pm

Applications must be submitted by April 15th of each year that you plan to attend. Applying does not guarantee a vendor space in RI DEM Farmers Markets. Rhode Island run farmers markets are FREE to both vendors and the public. Rhode Island DEM and the Division of Parks and Recreation reserve the right to refuse any vendor space if it is felt such vendor conflicts with the policy or good will of the Farmers Market. All decisions of the RI Department of Environmental Management Division of Agriculture and Parks and Recreations are final. Failure to follow the rules or argue with state personnel will lead to immediate expulsion from the farmers market. By signing below, you agree to follow all current and future rules and regulations set forth by the Rhode Island Division of Environmental Management.

Signature: _____

Date: _____

**Submitting Application: You may scan a copy of all necessary application materials to Email:
dem.farmersmarkets@dem.ri.gov**

**Or Submit by mail:
ATTN. Jack Sisson
DEM Division of Agriculture 235 Promenade Street
Providence, RI. 02908**

**For Questions Please Contact:
dem.farmersmarkets@dem.ri.gov
Tel. (401) 537-4295**

Vendor Checklist for Attending

Farms:

- Application
- Product Liability Insurance
- [RIDEM Produce Safety Enrollment Form](#)
- RI Dept of Health License (If Applicable)
 - [Farm Home Food Manufacture License](#) (ex. Jams, fudge, fruit pies, dried herbs, vinegars, yeast breads)
- Would you like to opt-in to the RI Grown program? Check the box if yes
- Will you be accepting SFMNP, SNAP, EBT and/or WIC benefits at our markets?

Food Vendors:

Specify which: _____

- Application
- Product Liability Insurance
- RI Dept. of Health License (One or more may be applicable depending on products sold at the market)
 - [Retail Food Peddler's License](#): allows businesses that sells prepared foods, shellfish, or meat to sell at farmers market. May be required in conjunction with other licenses.
 - [Food Service/Food Processor License](#): Allows business to process or prepare products at their licensed operation
 - [Dealers License](#): Required for the sale of shellfish
 - [Farm Warehouse License](#): Allows farmers to take their animals to USDA slaughterhouse and then to packing plant for sale at a farmer's market.
 - [Food Service Mobile License](#): Allows for the sale of food by food truck operators.

Non-Food Vendors:

- Application
- Product Liability Insurance

RI Dept Of Health Licensing Unit

Phone: 401-222-5960

Email: doh.license@health.ri.gov

Hours: 8:30am – 3:30pm Monday – Friday