

Farm / Business Point of Contact FARM/BUSINESS NAME: _____ **FARM/BUSINESS ADDRESS:** Street Address: City, State, Zip: _____ \Box Check this box if information is same as above **MAILING ADDRESS:** Street/PO Box: _____ City, State, Zip: _____ **CONTACT INFORMATION:** Primary Contact Name: _____ Telephone/Fax: (____) ____ Email: _____ Secondary Contact Name: _____ Email: _____ Telephone/Fax: (____) _____ Farm / Business Categorization How would you categorize your farm/business? (check all that apply) ☐ Farm ☐ Hot or Ready-to-Eat ☐ Meat ☐ Bakery ☐ Fishery ☐ Seafood **□** Beverage ☐ Food Truck ☐ Specialty/Other: _____ ☐ Dairy

Which products will you be selling at the market?				
you are a farm, how man	ny acres of each product ar	e in production:		
Apples	_ Sweet Cherries	Marjoram	Radish	
Apricots	Chestnuts	Melon	Raspberries	
Apriums	_ Chicory	Mulberries	Rhubarb	
Artichoke	Chives	Microgreens	Rosemary	
Basil	Cilantro	Mung beans	Rutabaga	
Blackberries	_ Cucumber	Mushroom	Turnips	
Blueberries	Berry currant	Mustard greens	Sage	
☐ Bok Choy	Dandelion	Nectarine	Scallions	
Boysenberries	Endive	Onions	Shallot	
Fava Beans	Fennel	Orange	Spinach	
Broccoli	Garlic	Oregano	Sprouts	
☐ Brussel Sprouts	Gooseberries	Parsley	Strawberries	
Burdock	Grapes	Parsnips	Summer squash	
Chinese Cabbage	Green beans	Peas/snow peas	Swiss chard	
Cabbages	Honeydew	Peaches	Thyme	
Cantaloupes	Huckleberries	Pears	☐ Tomatoes	
Carrots	Kale	Peppers/hot, sweet	_ Turnip greens _	
Cauliflower	Leek	Plums	_ Watercress	
Celeriac	Lemons, Limes	Quince	Watermelon	
☐ Celery	Lettuce	Radicchio	Yams	

Rhode Island Farmers Markets

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

Signature: _____

*The 2022 Market Season is from the first week of May to Columbus Day weekend.	
Starting & ending Dates: Goddard Park: 5/6/22-10/7/22 Fishermens Memorial: 5/8/22-10/9/22	Starting Arrival Date:
☐ GODDARD PARK - Fridays from 9 am to 1 pm	
☐ FISHERMENS MEMORIAL - Sundays from 9 am to 1 pm	
Applications must be submitted by <u>April 15th</u> of each year that you plan to at guarantee a vendor space in RI DEM Farmers Markets. Rhode Island run fa to both vendors and the public. Rhode Island DEM and the Division of Parks the right to refuse any vendor space if it is felt such vendor conflicts with the Farmers Market. All decisions of the RI Department of Environmental Mana Agriculture and Parks and Recreations are final. Failure to follow the rules of personnel will lead to immediate expulsion from the farmers market. By sign follow all current and future rules and regulations set forth by the Rhode Isla Environmental Management.	rmers markets are FREE and Recreation reserve policy or good will of the agement Division of or argue with state ing below, you agree to

Please Return to: Jack Sisson DEM Division of Agriculture 235 Promenade Street Providence, RI. 02908 Email: Jack.Sisson@dem.ri.gov Tel. (401) 222-2781 ext. 2774519 fax. (401) 222-6047

Date: _____

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) **Food Vendors:** ☐ 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.elicense@health.ri.gov
Hours: 8:30am – 3:30pm Monday – Friday