

**2018**

**WEST ASHLEY FARMERS MARKET**  
**Food Concessionaire**

**Application & Participation Agreement**

**Due: 4:00pm on Friday, February 16, 2018**

Harrison R. Chapman, Market Manager

Phone: (843) 724-7309 & Fax: (843) 720-3967

ChapmanH@Charleston-sc.gov or FarmersMarket@Charleston-sc.gov

The West Ashley Farmers Market (WAFM) is dedicated to the support and advocacy of Lowcountry Farmers & Growers in addition to Food Concessionaires with a high dependency on locally sourced ingredients. Please consult the [2018 WAFM Vendor Manual](#) prior to completing this form.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

Address (Kitchen): \_\_\_\_\_

City/State/Zip (Kitchen): \_\_\_\_\_

Property Owner (Kitchen): \_\_\_\_\_

Contact Person (Kitchen): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address (Residence): \_\_\_\_\_

City/State/Zip (Residence): \_\_\_\_\_

Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Need for Electricity (Y/N): \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have your own canopy? Yes/No: \_\_\_\_\_ If so, what Size: \_\_\_\_\_ Color: \_\_\_\_\_

Brief description of goods: \_\_\_\_\_

\_\_\_\_\_

**List products in order of priority for which you would like to be considered to sell.  
Exclusivity is not guaranteed at the market.**

**\*Be Specific.**

**\*Use a separate sheet of paper if necessary**

**\*Returning Vendors must specify products not previously approved**

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

Other: \_\_\_\_\_

**All Food Concessionaires must use locally sourced ingredients, which must be listed below.**

**Priority is given to applicants displaying a greater dependency of locally sourced ingredients.**

**List business and location of purchase: (Management reserves the right to require invoice to prove the origin of ingredients)**

\_\_\_\_\_

\_\_\_\_\_

## **Vendor Statement**

*\*Please use this section to provide any additional information that you would like us to know.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **VENDOR CERTIFICATION**

- I have **read, understand, and agree** to comply with the [2018 WAFM Vendor Manual](#)
- I reside and operate my business; East of I-95 to Atlantic Ocean and within SC borders
- I understand the violations and sanctions, including; suspension and disqualification
- I understand selling privileges can be revoked by the City of Charleston at any time
- I understand that **no Food Concessionaire is guaranteed acceptance and is subject to review by the City of Charleston**
- I understand that Food Concessionaires who are accepted into the market will be notified by the City of Charleston as soon as a decision has been finalized
- I understand that a mandatory vendor meeting will be scheduled upon acceptance

## **MUST BE INCLUDED WITH YOUR SUBMISSION**

- Completed, signed Food Concessionaire Application & Participation Agreement
- Full list of products the applicant wishes to sell
- \$20 non-refundable application fee (check/money order) payable to; City of Charleston  
\*cash is not accepted

## **MUST BE SUBMITTED UPON ACCEPTANCE & PRIOR TO VENDING**

(IF YOU HAVE NOT INCLUDED THE FOLLOWING PAPERWORK, PLEASE INDICATE THE STATUS OF EACH ITEM, WHETHER YOU ARE AWAITING ACCEPTANCE OR EXPECT TO HAVE IT BY A CERTAIN DATE)

- 2018 SCDHEC Certificate for preparation kitchen: \_\_\_\_\_
- SCDA-RVC (SC Dept. of Agriculture - Registration Verification Certificate): \_\_\_\_\_
- 2018 City of Charleston Business License: \_\_\_\_\_
- South Carolina Retail License: \_\_\_\_\_
- Certificate of General Liability Insurance of no less than; \$1,000,000.00: \_\_\_\_\_  
\*Certificate Holder must be listed as; City of Charleston, 80 Broad St., Charleston, SC 29401

The City of Charleston invites eligible Food Concessionaires to participate in the 2018 West Ashley Farmers Market season in accordance with the guidelines and criteria outlined in this Food Concessionaire Application & Participation Agreement and the 2018 WAFM Vendor Manual. While specific locations, number of canopies or frequency of participation cannot be guaranteed, applicants may contact Market Management at any time to discuss specific requests or special needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*SUBMIT COMPLETED FORM & \$20 FEE BY 4PM FRIDAY, FEB. 16, 2018 TO:**

Attn: Harrison R. Chapman, Manager  
City of Charleston – Office of Cultural Affairs  
75 Calhoun Street, Suite 3800 - Charleston, SC 29401