Keller Market House Producer Application

www.KellerMarketHouse.com
134 S. Columbus St. Lancaster OH, 43130 • 740-277-6305

Business Name _____________________________________________________________

Contact Name ____________________________________________________________

Contact Title _____________________________________________________________

Mailing Address __________________________________________________________

__________________________________________________________________________

County _________________________________________________________________

Main Phone Number ______________________________________________________

Cell Number (Optional) ____________________________________________________

Email _________________________________________________________________

PRODUCTION ADDRESS
If your product is grown or produced somewhere other than the address above, please provide the following information.

Location Name __________________________________________________________

Address _________________________________________________________________

Owner/Manager Name _____________________________________________________

Owner/Manager Phone ____________________________________________________

Owner/Manager Email _____________________________________________________

Licenses Facility Holds ___________________________________________________

PRODUCTS
Please select the product category or categories that you would like to sell:

____ Produce
____ Animal Products
____ Value-added
____ Non Food Agricultural

____ Wildcrafted and Foraged
____ Nursery Products
____ Personal & Body Care
____ Artisan
Please list the products you would like to sell at Keller Market House:
If you need more room, feel free to attach a list on a separate sheet if necessary.
Producers of perishable food items, please also fill out Perishable Products Page (page 3)

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Please indicate which licenses & certifications are required and/or held for your products:
Please include up to date copies as part of your application

____ Vendor’s License
____ Organic Certification or Certified Naturally Grown
____ ODA License/s: ________________________________
____ Health Dep’t License/s: ________________________________
____Other: ________________________________

NOTES

Anything else we should know that might affect your application? Please feel free to provide information here about your growing or business practices, or details about the local sourcing of ingredients for value added or prepared foods.

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page 2
PERISHABLE PRODUCTS PAGE
Producers of Fresh Produce, Foraged, Nursery, Animal Products, and Perishable Value Added -
Please list the products you would like to sell at KMH. Attach additional sheets if necessary. You may
generalize if storage & shelf life are the same. (For example, Product: Cookie. Flavors: Chocolate Chip,
Oatmeal Raisin, Cranberry Pecan)

Disposal Preference:     ____ Hold for Pick Up     ____ Donate     ____ Dispose

Availability: Year-round, Spring, Summer, Fall, Winter, etc
Storage Requirements: Room Temperature, Refrigerator, Freezer, etc

<table>
<thead>
<tr>
<th>PRODUCT #1</th>
<th>Availability</th>
<th>Storage Requirements</th>
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<tbody>
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<thead>
<tr>
<th>Shelf Life</th>
<th>Mark down after _____ days</th>
<th>Pull after _____ days</th>
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<tr>
<td>Local Ingredients</td>
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<tr>
<th>PRODUCT #2</th>
<th>Availability</th>
<th>Storage Requirements</th>
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<td>Local Ingredients</td>
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<tr>
<th>PRODUCT #3</th>
<th>Availability</th>
<th>Storage Requirements</th>
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<tr>
<th>PRODUCT #4</th>
<th>Availability</th>
<th>Storage Requirements</th>
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<tr>
<th>Variations/Flavors</th>
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We will use the following information to promote your business and products to our customers and the
general public. This will also be shared with staff to help them answer customer questions. Phone and
email are optional, if you wish us to allow customers to contact you directly with questions.

Website ____________________________________________________________

Facebook ___________________________________________________________________________________

Instagram ___________________________________________________________________________________

Contact Name ___________________________________________________________________________________

Phone _______________________________________________________________________________________

Email _______________________________________________________________________________________

ABOUT YOUR BUSINESS
Please provide a 3-5 sentence “bio.” If one exists on an active website, you may provide the link to the
correct page here. If you need more room, feel free to attach a separate sheet.

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DELIVERY SCHEDULE
What day/s will you deliver? _________________________________________________________________

How often? ________________________________________________________________________________

FARMERS: Your Production Practices - Check all that apply:

___ Certified Organic ___________________ 100% Chemical Free practices

___ Pasture-based livestock ___________________ No use of sub-therapeutic antibiotics

___ Non-GMO feed ___________________ Non-GMO seed

___ GAP certified ___________________ Integrated Pest Management

___ Other practice/s: __________________________________________________________________________
I have read and understand the Keller Market House Guidelines, Rules & Procedures. I agree to comply with the Keller Market House Guidelines, Rules & Procedures. Failure to comply with these standards may result in the termination of this contract.

I understand that all products must comply with all applicable federal, state and local health regulations.

I understand that I may only bring in approved products, and that if I wish to bring in additional products, they must be approved by market management prior to placement within the market.

I affirm that all information in this application is complete and accurate.

This Producer Contract may be terminated at any time by either the Producer or the Keller Market House.

SIGNATURE __________________________ DATE __________________________

ADDITIONAL APPLICATION ITEMS:

Licenses - Please include copies of all relevant licenses, permits and certifications you hold.

Cottage Foods Vendors: Please include an example of your label

Artisan Vendors: Please include at least three pictures representative of your work for our artisan jury. An active website or social media account displaying such pictures is also acceptable.

Any questions may be addressed to manager@kellermarkethouse.com or 740-277-6305

Please return completed application to:
manager@kellermarkethouse.com
or
Keller Market House
134 S. Columbus St.
Lancaster, OH 43130