



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:

- | | |
|--|--|
| <input type="checkbox"/> Produce | <input type="checkbox"/> Wildcrafted and Foraged |
| <input type="checkbox"/> Animal Products | <input type="checkbox"/> Nursery Products |
| <input type="checkbox"/> Value-added | <input type="checkbox"/> Personal & Body Care |
| <input type="checkbox"/> Non Food Agricultural | <input type="checkbox"/> 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)

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.

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

PRODUCT #1		
Availability		
Storage Requirements		
Shelf Life	Mark down after _____ days	Pull after _____ days
Local Ingredients		
Variations/Flavors		
PRODUCT #2		
Availability		
Storage Requirements		
Shelf Life	Mark down after _____ days	Pull after _____ days
Local Ingredients		
Variations/Flavors		
PRODUCT #3		
Availability		
Storage Requirements		
Shelf Life	Mark down after _____ days	Pull after _____ days
Local Ingredients		
Variations/Flavors		
PRODUCT #4		
Availability		
Storage Requirements		
Shelf Life	Mark down after _____ days	Pull after _____ days
Local Ingredients		
Variations/Flavors		

PUBLIC PAGE

Business Name _____

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.

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: _____



KELLER MARKET HOUSE PRODUCER CONTRACT

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