

CUESA

**CULTIVATING A HEALTHY
FOOD SYSTEM**

Please return completed form to:

CUESA

One Ferry Building, Suite 50

San Francisco, CA 94111

phone: 415.291.3276 ext. 100 | email: lulu@cuesa.org

PROSPECTIVE APPLICATION FOR PREPARED FOOD & RESTAURANT VENDORS

Market (s) I am Interested In:

- Tuesday Ferry Plaza Farmers Market
- Thursday Ferry Plaza Farmers Market
- Thursday Mission Community Market (seasonal)
- Saturday Ferry Plaza Farmers Market

Business Name: _____ Producer/Business Owner(s) Name: _____

Mailing Address: _____

City, Zip: _____ County or Counties of Primary Production: _____

Email Address: _____ Website: _____

Business phone: _____ Social Media: _____

Business Ownership (check all that apply): ___ Family owned (# of years ___) ___ Limited partnership ___ Corporation ___ Nonprofit organization

BUSINESS DESCRIPTION:

Briefly describe your business history and business philosophy.

SUMMARY OF YOUR MENU OFFERINGS:

Please summarize your proposed products or the menu you would like to offer for sale at our markets. The more detail you provide the better we can accurately assess if your offerings are a good fit for our markets. Please attach additional pages as needed.

INGREDIENTS SOURCING FOR ALL PRODUCTS YOU WISH TO SELL AT CUESA'S FARMERS MARKET:

(please answer all that apply and provide us with a complete list of your sourcing for the ingredients for these products)

___ % of Certified Organic ingredients you use to create these products

Summary of those ingredients: _____

___ % of ingredients purchased from sellers at CUESA's farmers markets

Summary of those ingredients: _____

___ % of ingredients purchased directly from other area farmers (not at CUESA's farmers markets)

Summary of those ingredients & sources: _____

Names & locations of milk sources (for cheese or dairy items) _____

___ % of raw milk products ___ % of pasteurized products

PRODUCT SALES OUTLETS

Direct Sales Outlets

- % of sales from other farmers markets you attend
- % of sales direct to restaurants (number of restaurants)
- % of sales direct to retail outlets (approx. number of outlets)
- % of sales from own store
- % of sales direct to schools or other institutions
- % of sales made online
- % of sales to wholesale distributors

List all other farmers markets you attend:

LABOR PRACTICES

Number of year-round fulltime employees, including yourself: Number of part-time or seasonal employees, including yourself:

Method of payment of employees (check all that apply): Salary Hourly wage

Check all the following benefits and practices that you provide yourself as the business owner or operator:

- Health insurance Life insurance Workers Compensation
- Retirement program Safety training Training courses/conferences

Check all the following benefits and practices available for *all other employees*:

- Health insurance Life insurance Housing Education assistance
- Retirement program Paid sick leave Earned vacation leave Assistance with social services
- Job training Employee handbook Regular staff meetings Food/product sharing available
- Profit sharing available Raises available Bonuses available Diversity of tasks available
- Performance evaluations Promotions available Direct hires made Workers Compensation
- Safety training Safety Incentives

OTHER BUSINESS PRACTICES

Check all the following business practices used:

- Business plan Risk Management plan Accident insurance Property insurance
 Value added services Non-discrimination policies

ALIGNMENT WITH CUESA'S MISSION/VISION:

CUESA mission is to grow thriving communities through the power and joy of local food. We seek to inspire a world that nourishes all people, local economies, and the living earth. Briefly describe how your business supports this mission and vision:

Please attach a list of proposed product offerings or menu items and the months they would be available for sale. Applications that do not include this list will not be considered.