



Please return completed form to:
CUESA
One Ferry Building, Suite 50
San Francisco, CA 94111
phone: 415.291.3276 ext. 100 | fax: 415.291.3275

PROSPECTIVE APPLICATION FOR PREPARED FOOD & RESTAURANT VENDORS

Please attach a list of proposed product offerings or seasonal menu items with prices and the months they would be available for sale. *Applications will not be considered without this list.*

Interested in:

CUESA's Ferry Plaza Farmers Market CUESA's Mission Community Market CUESA's Jack London Square Farmers Market

Business Name: _____

Owner/ Contact Name(s): _____

Business Address: _____

County, City, Zip: _____

Website/Email Address:

Business phone:

Business Fax:

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. Applications will not be considered without this information)

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

List those ingredients:

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

List those ingredients: _____

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

List those ingredients & sources: _____

Names & locations of milk sources (for cheese or dairy item producers only): _____

____ % of raw milk products ____ % of pasteurized products

List the types and brand names of coagulant or rennet used:

PRODUCT SALES OUTLETS

Direct Sales Outlets

____ % of sales from other farmers markets you attend

____ % of sales direct to restaurants (____ number of restaurants)

List all other farmers markets you attend:

____ % 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

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Job training | <input type="checkbox"/> Employee handbook | <input type="checkbox"/> Regular staff meetings | <input type="checkbox"/> Food/product sharing available |
| <input type="checkbox"/> Profit sharing available | <input type="checkbox"/> Raises available | <input type="checkbox"/> Bonuses available | <input type="checkbox"/> Diversity of tasks available |
| <input type="checkbox"/> Performance evaluations | <input type="checkbox"/> Promotions available | <input type="checkbox"/> Direct hires made | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Safety training | <input type="checkbox"/> Safety Incentives | | |

OTHER BUSINESS PRACTICES

Check all the following business practices used:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Business plan | <input type="checkbox"/> Risk Management plan | <input type="checkbox"/> Accident insurance | <input type="checkbox"/> Property insurance |
| <input type="checkbox"/> Value added services | <input type="checkbox"/> Non-discrimination policies | | |

BUSINESS PLANNING

Please list any new production, business or management practices or strategies adopted during the past twelve months:

CULTIVATING A HEALTHY FOOD SYSTEM

CUESA mission is to cultivate a sustainable food system through the operation of farmers markets and educational programs. How does your business support this mission?