



## 2017 AIM Prospective Vendor Application

**Please circle your category:**      Certified Producer/Farmer      Rancher/Meat/Dairy/Cheese Producer      Fisherman  
 Food Purveyor/pre-packaged      Food Purveyor/TFF/onsite food consumption      Artisan      Commercial      Non-Profit

Business Name: \_\_\_\_\_

Business Owners Name(s): \_\_\_\_\_

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

Mailing/Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Contact/Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What do we have permission to post on the AIM website? (Check all that apply)

Contact/Business Phone \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_ **No Information** \_\_\_\_\_

Interested in serving on Board of Trustees? Yes \_\_\_ No \_\_\_ or on other Committees (Fundraising, etc.)? Yes \_\_\_ No \_\_\_

Business Ownership (Check all that apply): Family Owned \_\_\_\_\_ (# of years) \_\_\_\_\_

Limited Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_ ( \_\_\_\_\_ )

Which AIM FM's you are interested in attending? Mark down how much frontage space you are requesting (10ft-30ft) as well as year-round or seasonal (identify the months you would like to attend).

- **Artisans:** only mark which markets you are interested in selling at

Market	Market hours (all are yr-rnd)	Interested in selling at? Frontage space requesting (10ft-30ft)	Are you year-round or seasonal? * If seasonal give approx. start/end dates
<b>Marin Civic Center (Thursday)</b>	Th. 8a-1p		
<b>Hayward</b>	9a-1p		
<b>Oakland / Grand Lake</b>	Sat. 9a-2p		
<b>San Francisco / Clement St.</b>	Su. 9a-2p		
<b>Marin Civic Center (Sunday)</b>	Su. 8a-1p		
<b>Newark</b>	Su. 9a-1p		
<b>San Francisco / Stonestown</b>	Su. 9a-1p		

## Business Description

Please check all that apply:

Prepackaged food purveyor \_\_\_\_\_ Prepared food for onsite consumption \_\_\_\_\_

At market do you intend to sample the products you sell? \_\_\_\_\_

Any preparation of food offsite must be done in a Health Dept. approved facility. Please list name/address of facility: \_\_\_\_\_

Describe your business history and business philosophy: \_\_\_\_\_

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## Sourcing & Ingredients

\_\_\_\_\_ % of ingredients purchased from certified producers (farmers) at Farmers Markets

List ingredients **and** the farm names you plan to purchase from: \_\_\_\_\_

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\_\_\_\_\_ % of ingredients sourced from other outlets: List ingredients/sources: \_\_\_\_\_

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Do you use organic ingredients? \_\_\_\_\_ Are you certified organic? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Food Purveyors and Food Processors may only use the word "organic" on labels if they are certified by a 3<sup>rd</sup> party agency and registered with the California Department of Public Health or California Department of Food and Agriculture. Upon approval AIM will request copies for verification.

# of Farmers Markets that you currently sell at: \_\_\_\_\_ Please list markets: \_\_\_\_\_

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## AIM's Mission

Agricultural Institute of Marin's mission is to educate the public about the nutritional and economic benefits of buying locally grown food directly from farmers, and to connect and support communities & agriculture. How does your business support this mission?

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Is there anything else you would like to tell AIM? \_\_\_\_\_

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**Please attach:**

- **list of proposed product offerings or menu with items with approx. prices**
- **photo or diagram of your booth**

*When complete, please mail, fax or email your application to our office. While we would love to speak with all prospective vendors individually, the high volume of applications we receive combined with our regular workload does not always allow for this. **Once we have reviewed your application we will contact you if we are interested.** Although we do not want to discourage prospective vendors from applying, we would like applicants to have a realistic understanding of the availability of space at AIM's markets. We receive a high volume of applications and many of our markets are currently full with an extensive waiting list. Please take this information into consideration before submitting your application.*

Return completed application packet to:  
AIM, 400 Smith Ranch Rd. Suite D, San Rafael, CA 94903  
Fax: 415 472-6112      Email: [info@agriculturalinstitute.org](mailto:info@agriculturalinstitute.org)