



Membership Application

KANSAS GROWN! INC.

Current year application cutoff date is February 28.

Provisional applications (to attend Derby market ONLY) will be accepted thru August 31.

Business Name: _____

Business Owner(s): _____

Mailing Address: _____

City: _____ Zip: _____ Email: _____

Production Location: _____

Business Phone #: _____ Do your annual gross sales exceed \$225,000? Y / N

Kansas Sales Tax ID# _____ Scale Cert. date _____

Please indicate which markets you plan to attend:

Wichita Market - 7001 W. 21 St. N, April thru October, Saturdays 7am. – Noon - *ONLY apps submitted by February 28!*

Derby Market - 512 E. Madison, May thru October, Saturdays 8am – 1pm

Number of times expected to attend _____ Months expected to attend _____

About My Business:

I plan to sell the following products: *(List in detail, applications for crafts must include photos)*

Date Received: _____

Approved Denied

Membership Application

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Products Offered:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Produce (see below) | <input type="checkbox"/> Breads | <input type="checkbox"/> Honey | <input type="checkbox"/> Candles |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Cookies | <input type="checkbox"/> Mixes | <input type="checkbox"/> Woodcrafts |
| <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Jams/Jellies | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Candy / Snack Foods | <input type="checkbox"/> Pickles | <input type="checkbox"/> Art/Sculptures |
| <input type="checkbox"/> Pork | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Kettle Corn | <input type="checkbox"/> Apparel |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Freeze-Dried Foods | <input type="checkbox"/> Pet Treats | <input type="checkbox"/> Jewelry |
| <input type="checkbox"/> Jerky | <input type="checkbox"/> Coffee / Teas | <input type="checkbox"/> Hemp/CBD | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Other Meats | <input type="checkbox"/> Prepared Beverages | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Crafts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Salsa | <input type="checkbox"/> Soap | <input type="checkbox"/> Compost |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> BBQ/Sauces/Seasonings | <input type="checkbox"/> Makeup/Skincare | OTHER (Please Specify):
_____ |

Produce Varieties:

I do not offer produce

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Onions (green) | <input type="checkbox"/> Shallots |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Peaches | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Garlic | <input type="checkbox"/> Pears | <input type="checkbox"/> Squash (summer) |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Grapes | <input type="checkbox"/> Peas | <input type="checkbox"/> Squash (winter) |
| <input type="checkbox"/> Blackberries | <input type="checkbox"/> Herb Plants | <input type="checkbox"/> Peppers | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Herbs | <input type="checkbox"/> Plums | <input type="checkbox"/> Sweet Corn |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Kale | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Sweet Potatoes |
| <input type="checkbox"/> Brussels Sprouts | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Pumpkins | <input type="checkbox"/> Swiss Chard |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Radishes | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Microgreens | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Vegetable Plants |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Okra | <input type="checkbox"/> Salad Greens | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Onions | <input type="checkbox"/> Sandhill Plums | <input type="checkbox"/> Zucchini |

Business Licenses:

My business does not require any licenses

- | | | | |
|---|-----------|--|-----------|
| <input type="checkbox"/> Meat/Poultry | - # _____ | <input type="checkbox"/> Farm Winery | - # _____ |
| <input type="checkbox"/> Food Processors | - # _____ | <input type="checkbox"/> ABC Farmers Market Permit | - # _____ |
| <input type="checkbox"/> Food Establishment | - # _____ | <input type="checkbox"/> Microbrewery | - # _____ |
| <input type="checkbox"/> Animal Feed | - # _____ | <input type="checkbox"/> Caterer | - # _____ |
| <input type="checkbox"/> Mobile Food Unit | - # _____ | <input type="checkbox"/> OTHER LICENSES | - # _____ |
| <input type="checkbox"/> Egg | - # _____ | | |
| <input type="checkbox"/> Dairy | - # _____ | | |
| <input type="checkbox"/> Plant Dealers | - # _____ | | |

Membership Application

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To become a member of Kansas Grown! Inc., and to be permitted to sell products at Kansas Grown! Farmers Markets, the undersigned hereby agrees to the following conditions:

1. To accurately complete all information requested on this form.
2. That I have fully read and understand this form as well as the following documents: 1) Bylaws of Kansas Grown! Inc., and 2) Operational Rules for Kansas Grown ! Inc.
3. That if I am selling produce or food products, I have also read and understand the following document: Food Safety Guidelines for Kansas Farmers Market Vendors: Regulations and and Best Practices.
4. To sell only as a producer, Kansas-grown or produced products at the Kansas Grown! Inc., Farmers' Market, and not have annual gross sales of more than \$225,000 per year.
5. That I am in complete compliance with all requirements set forth in the above referenced documents and will abide by all rules of conduct.
6. That all disputes or grievances regarding membership issues or issues relating to the operation of the Farmers Market will be resolved exclusively through the established grievance procedure.
7. That membership and sales privileges at the Farmers Market may be revoked by the Market Manager or the Grievance Committee in accordance with the procedures established.
8. To abide by the decision of the Board of Directors, which has the exclusive authority to approve or deny any membership.
9. To hold harmless and release from all liability, Kansas Grown! Inc., as well as its Directors and the members of the Grievance Committee with respect to the performance of their duties regarding enforcement of the Bylaws, Operational Rules and Code of Conduct.
10. To provide a copy of a valid Kansas sales tax registration certificate, and a certificate of business liability insurance, along with any other licenses that may be required.
11. That I am 18 years of age or older.
12. That I will pay the annual membership dues (\$100 for full membership, or \$50 for provisionals) upon approval of this application.

Applicant Signature

Date

Please ensure that the following are enclosed before submitting your application:

Membership Application (3 pages)

Photos of your products

Photocopy of your sales tax certificate

Certificate of General Liability insurance for your business, showing "Kansas Grown! Inc." as additional insured

Photocopies of business licenses (if required)

Signed W-9 Form

OR - email files to ksgrowninc@gmail.com

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																									
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they