

## COLOGNE COMMUNITY MARKET 2026 VENDOR APPLICATION

Mission Statement: To create a market with a focus on building community, striving to educate and provide wholesome, sustainable, and nutritious food sources. As well as promote and support local small businesses.

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website/social media to share with public:  
\_\_\_\_\_  
\_\_\_\_\_

Please list all items you plan to sell at the Farmers' Market:  
\_\_\_\_\_  
\_\_\_\_\_

Please check all weeks you are committing to sell at the Cologne Market

June 2	July 7	August 4
June 9	July 14	August 11
June 18	July 21	August 18
June 23	July 28	August 25
June 30		

Please submit copies of any required permits, registrations, or licenses as well as a copy of your Minnesota Revenue Operator Certificate of Compliance (ST-19)

Please read and initial:

I have read and agree to abide by ALL Cologne Community Market Rules and Regulations.

I agree that City of Cologne is not liable for any injury, theft, or damage to either the buyer or seller, or their property, arising out of or pertaining to preparation for or participation in the Cologne Community Market, whether such injury, theft, or damage occurs prior to, during, or after the Cologne Community Market. Seller further agrees to indemnify and hold City of Cologne harmless for and against any claims for such injury, theft, or damage.

I understand that it is necessary that I carry my own general liability and product liability because City of Cologne does not provide this coverage.

I have submitted with this application copies of any required Permits, Registrations, and Licenses as well as a copy of my ST-19.

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed application, copies of any required permits, registrations, and licenses as well as a copy of your ST-19 to:

City of Cologne  
PO BOX 120  
Cologne, MN 55322

Or email to [jennam@cognemn.com](mailto:jennam@cognemn.com)

Questions: Call 952.466.2064 / [jennam@cognemn.com](mailto:jennam@cognemn.com)

\*We will be in contact once your completed application has been approved.

\*Vendor fees will be collected in advance.

\*We encourage advanced applications (at least 1 week) to ensure a spot at the market. You will need approval BEFORE attending a market so we do not double up on too many of the same products.

\*Please do not show up at a market without prior approval you may be turned away.

**Thank you for your participation. We look forward to seeing you at the CC Market!**

OFFICE USE ONLY		
APPLICATION ACCEPTED:	DATE:	BY:
LICENSES COLLECTED:	ST-19 / Cottage Food / PoP Reimbursement form	
FEES COLLECTED	# OF DAYS COMMITTED TO MARKET _____ X \$10	TOTAL COLLECTED:
DATE COLLECTED:	CASH / CARD / CHECK	BY: