

Quad-City Fruit and Vegetable Growers Association
2018 Growers Market Rules

1. The 2018 Market will run from May 2 through October 31.
East Moline Markets are held Wednesday and Saturday mornings 8:00 a.m. to 12:00 p.m. with set-up time starting no earlier than 6:30 a.m.
Unity Point (Trinity) Hospital 7th Street Markets are held Saturday mornings from 8:00 a.m. to 12:00 p.m. with set-up no earlier than 6:30 a.m.
All market members are expected to abide by the hours and days as set forth in these rules.
2. Growers are to meet the following description to sell produce at the market.
A grower is defined as a person who makes the decisions and does the work involved with the production of all of the produce sold at their table. These decisions include but are not limited to: cultivar selection and acquisition, where and when each crop is planted, what chemicals are used and when the crop is harvested, and the market preparation including pricing.
3. 100% of all produce sold at the Quad-City Growers Market must be grown within 75 miles of the Farmers market and the seller must grow 100% of the produce offered for sale.
4. Family members and two non-family members per market site are permitted to sell for you at the markets provided that they are listed on the market application form. The market manager shall be notified before market day of a substitute. Vendors shall be responsible for the conduct of their substitutes. Any additional substitute during the season must be cleared with the market manager in advance.
5. The grower must be a member in good standing of the Quad-City Fruit and Vegetable Growers Association prior to market day in order to sell at the market.
 - a. The application contract, fees & certificate of liability must be turned in to the president or market manager at least 3 days prior to the market. There will be no exceptions.
6. Spaces are assigned to those who have selected option “A”, “B”, “C”, “D” or any combination. Priority will be given to those who sign up for a full season and who have paid their market fees and a new application. The seniority number is the total of days in attendance at the market last year added to the number of years of membership in the association. All other members will be assigned a space on a daily basis. You must sign in with the Market Manager prior to the beginning of each market in order to verify your attendance.
7. Market fees must be prepaid on the following schedule:
 - a. East Moline- Skate City -Wednesday market \$ (75.00)
 - b. East Moline- Skate City- Saturday market \$ (75.00)
 - c. Moline- Unity Point Hospital (Trinity) 7th Street - Saturday market \$ (75.00)
 - d. Daily fee (\$10.00 day)All members must prepay the entire amount due.
8. Application and fees must be received by the Market Manager prior to April 1.
A late fee of \$ 25.00 will apply to all growers. New members may not attend the market until after their application has been accepted prior to market day.

9. Market fees must accompany the application and signed Growers contract.
Make checks payable to QCFVGA.
10. New vendors are subject to inspection as part of the application process. Inspections of farms will take place throughout the current season. You must allow an inspection when your name is drawn.
11. All vendors must show proof of liability. Copies must be sent with the contract. You will not be permitted to sell at any QCFVGA market until all forms have been received.
12. No attempt at price fixing will be allowed. **Keep in mind the market value of your produce and products.**
13. The QCFVGA provides a vending license which covers those selling whole, uncut fruits and/ or vegetables. Members selling any processed food products (baked goods, honey, apple cider, etc.) must attach a copy of all necessary permits and licenses including the city the grower is selling in to the application or provide a copy to the Market Manager prior to the sale of each item. Violation of this rule will result in the immediate dismissal from the QCFVGA farmers market.
14. The grower will keep their space and the surrounding area cleanly swept and free of debris. No grower owned pets are allowed in the market area. All walkways must be kept clean at all times. All cleaning equipment is the responsibility of the grower.
15. Items are to be sold by weight, measure or count. If scales are used, they are subject to check by the Market Manager, State of Illinois, or any others with a legitimate reason to inspect.
16. No grower in the market shall attract attention to his or her products by outcry in a boisterous or annoying manner.
17. “Potentially Hazardous Food” , i.e. any perishable food that is capable or supporting rapid, progressive growth of infectious or toxigenic micro-organisms shall be sold at the market.
18. The QCFVGA is a Women, Infant and Children’s Farmers Market Nutrition program WIC/FMNP certified market. Growers of produce must be individually certified by the State of Illinois on order to accept WIC/FMNP coupons.
19. All crafts must be handmade by the seller. No Flea Market, Garage Sale, resale items or merchandise will be allowed.
20. Due to liability concerns, patio or beach umbrellas with a single center pole will no longer be allowed at the market. Canopies or other shading devices must be anchored as solidly as possible.
21. In all cases, the Market Committee shall be the judge. In the event that a grower fails to comply with these rules or the directions of the Market Committee, he or she shall be required to immediately vacate his or her space. Refusal to follow all rules

as stated in this list of guidelines may result in your dues payment being forfeited
And your right to participate in the farmers market revoked.

Approved Items

Unapproved Items

Fruit and Vegetables
Flowers and Plants
Baked goods (proper permits required)
Eggs (proper permits required)
Honey (proper permits required)
Handmade crafts & products

Pets and livestock
Watkins type products
Garage Sale or resale items
Flea market items

For your information;

Call the State of Illinois Department of Public Health in Springfield
(217-782-2166) for information on becoming certified to accept WIC/FMNP coupons.

If you choose to sell baked goods, eggs, home canned goods, honey, apple cider or any
other processed food you must call; Kimberly Brady, City of East Moline Health
Inspector (309-752-1510) or City of Moline Health Inspector
(309-797-0477) or for information on licensing requirements and procedures.
Sales tax is due on all retail sales within the State of Illinois.

Market President (mail application, contract & copy of certificate of liability insurance to Gene Mohr)
Gene Mohr
16508 Hubbard Road
East Moline, IL 61244
309-235-6425

Market Manager—Unity Point, Trinity 7th Street Moline
Holly Johnson
1428 24th Ave.
Moline, IL 61265
309-912-8110

Manager--Skate City East Moline
Gwen Baar
11579 Fenton Rd.
Morrison, IL. 61270
Phone-Home: 815-778-4483
Cell: 815-718-5020

APPLICATION TO PARTICIPATE IN THE 2018 FARMERS MARKET

BUSINESS NAME _____ OWNERS NAME _____ -

ADDRESS _____ PHONE _____

COMPLETE LIST OF ALL **FAMILY MEMBERS** PARTICIPATING IN YOUR OPERATION WHO MIGHT BE ATTENDING THE MARKET AS YOUR REPRESENTATIVE.

COMPLETE LIST OF ALL LAND USED TO GROW PRODUCE FOR THE 2018 SEASON

MEMBERS MUST ATTACH A COPY OF THE PLAT BOOK PAGE OR PAGES WITH LOCATIONS OF LAND CLEARLY MARKED. IF THE LAND ON WHICH YOU PLANT YOUR PRODUCE IS WITHIN THE LIMITS OF A CITY, CHECK HERE _____ AND PROVIDE COMPLETE STREET ADDRESS AND DIRECTIONS, IN THIS CASE NO PLAT BOOK PAGE IS REQUIRED.

INDICATE WHICH PROPERTY OR PROPERTIES ARE NOT OWNED BY YOU, LIST NAME, COMPLETE MAILING ADDRESS AND PHONE NUMBER OF THE OWNER

COMPLETE LIST OF PRODUCE OR OTHER ITEMS TO BE SOLD AT THE 2018 MARKET

_____ (over if necessary) _____

LIST ANY PRODUCE OR OTHER ITEMS (TYPE AND AMOUNT) WHICH HAVE BEEN STORED OVER THE WINTER FOR THE PURPOSE OF BEING SOLD AT THIS YEARS MARKET. INDICATE LOCATION OF STORAGE FACILITY FOR INSPECTION PURPOSES.

APPROX. DATE YOU FIRST PLAN TO ATTEND _____ APPROX. LAST DATE _____ -

DO YOU PLAN TO SELL ANY PROCESSED FOOD PRODUCTS AT THE MARKET DURING THE 2018 SEASON?
YES _____ NO _____

IF YES, DO YOU HAVE PROPER PERMITS AND/OR LICENSES? YES _____ NO _____

IF YES, ATTACH COPIES OF ALL PERMITS AND/OR LICENSES TO THIS APPLICATION. (MUST INCLUDE CITY OF EAST MOLINE AND/OR CITY OF MOLINE LICENSES)

IF NO, COPIES MUST BE ON FILE WITH THE MARKET MANAGER BEFORE YOU MAY SELL PROCESSED FOOD AT THE MARKET

2018 FARMERS MARKET GROWERS CONTRACT

I, _____ member of the Quad-City Fruit and Vegetable Growers Association, agree to the following terms pertaining to the Rules and Regulations of the Farmers Markets located at Skate City-East Moline, IL; UnityPoint (Trinity Hospital) 7th Street Moline, IL.

1. I will not sell any produce which was nor grown by me within a 75 mile radius of East Moline, Moline, Milan. Determination of distance to be made by the Market Committee.
2. I agree to allow any member of the Market Committee or their representative to inspect my farm at an agreeable time in my presence to determine compliance with this rule.
3. If a determination is made by the Market Committee that this rule has been violated, I understand and agree that I will be immediately expelled from Quad-City Fruit and Vegetable Association, my dues and fees will be forfeited, I will be expected to leave the market area immediately, and I will never again become a member of said organization or sell at any Farmers Market sponsored by that organization in any capacity.

PAYMENT BREAKDOWN

2018 DUES (\$20.00) (if not already paid) \$ _____

FILING FEE (\$25.00) (if not received before April 1) \$ _____

Does not apply to new vendors

(choose one or more option(s))

a. East Moline-Skate City- Wednesday market (\$75.00) \$ _____

b. East Moline-Skate City- Saturday market (\$ 75.00) \$ _____

c. Trinity 7th St. Moline- Saturday market (\$ 75.00) \$ _____

e. Daily fee (\$ 10.00) (plus paid association dues) \$ _____

TOTAL DUE WITH APPLICATION \$ _____

Make checks payable to QCFVGA

I HAVE READ AND DO AGREE TO ALL OF THE TERMS OF FARMERS MARKET RULES AND REGULATIONS AND GROWERS CONTRACT.

NAME _____ DATE _____