

Received on/by: 9/23/20
Date, Initials

Administratively complete
Fee \$ 25.00



FARMERS MARKET 2020 VENDOR PARTICIPATION APPLICATION

Applications and \$25 Application Fee must be submitted to the Market Manager during regular market hours. This market complies with all federal, state and county regulations. The Mission of the Market is to provide a community gathering place where: local agricultural and value-added product producers sell a variety of fresh agricultural and related products directly to the consumer; consumers may learn the uses and benefits of quality, locally grown or prepared food products; and consumers may access local services and hand-made crafts as provided in the Market's rules.

Name of Business: Evolve Chiropractic

Name of Applicant: Dr. Jackson S. Humphrey

Mailing Address: 400 W Hwy 290 Suite B-203

City: Dripping Springs State: TX Zip: 78620

Physical Address (where product is produced): 400 W Hwy 290 Suite B-203

Telephone Number: 512-829-5216 Mobile: 614-296-2456 Text Ok?: yes

Contact Email Address: Dr.Humphrey@EvolveChiropracticTX.com

Website: EvolveChiropracticTX.com Facebook: Facebook.com/evolvechiropracticTX

Desired Start Date: 10/14/2020 or Earliest convenience

Method/s of payment you will accept at the Market (check all that apply):

- Cash
- Check
- Credit/Debit

Please note the following costs associated with participation in the Market:

- **\$25 non-refundable Application Fee** is required with every application. An additional **\$25 annual Membership Fee** will be due if the applicant is accepted into market. Site Inspection of vendor operation is included in Membership Fee. (A mileage fee may be charged for locations farther than 50 miles from Dripping Springs.)
- **Booth Fee for a 10 x 10 space** paid every Wednesday at market – check or cash only
 - Agricultural Producer (farm or ranch products) - \$20
 - Value-Added or Ready-to-Eat Foods - \$22
 - Non-food (crafts, services, etc.) - \$25
 - Will you be sharing a booth? (\$10 per additional vendor) Yes No
 - Will you need Electricity? (\$5 extra) Yes No

Is your product produced within 150 miles of Dripping Springs? Yes No
If not, please explain:

Do you own or rent the property where the product is grown or produced? Yes No
If not, please provide documentation from the owner that you have permission to use their property.

Where else are your products available? (check all that apply):

- | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Wholesale/Grocery: _____ | <input type="checkbox"/> Farmers Markets (list which ones): _____ |
| <input checked="" type="checkbox"/> Online: <u>EvolveChiropracticTX.com</u> | _____ |
| <input checked="" type="checkbox"/> Retail/Farmstand: <u>400 W Hwy 290 Suite B-203</u> | _____ |
| <input type="checkbox"/> CSA: _____ | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Restaurants: _____ | _____ |

Business Type (check all that apply):

- | | |
|------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Farm (Produce) | <input type="checkbox"/> Crafts and Arts |
| <input type="checkbox"/> Meat/Eggs/Dairy/Honey | <input checked="" type="checkbox"/> Personal Care Products |
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Nursery Products |
| <input type="checkbox"/> Ready-to-Eat Foods | <input type="checkbox"/> Pet Treats and Products |
| <input type="checkbox"/> Value Added Foods * | <input checked="" type="checkbox"/> Service Providers |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Other <u>Chiropractic Clinic</u> |

**Value Added products are items made from a raw agricultural product to which some value has been added through preparing, cooking, blending, packaging, or other methods.*

Are you operating under the Cottage Food Law? Yes No

Are you a Go Texan Member?: Yes No

Vendors are responsible for complying with state, county and city regulations governing sale of your product. Check and provide copies of all licenses that apply:

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Food Handlers | <input type="checkbox"/> Nursery/Floral |
| <input type="checkbox"/> Food Managers | <input type="checkbox"/> Butchering facility permit stamp (Texas or USDA) |
| <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Weights and Measures |
| <input type="checkbox"/> Food Establishment permit (inspected kitchen) | |
| <input type="checkbox"/> Organic Certification | <input type="checkbox"/> Alcoholic Beverage Permit |
| <input type="checkbox"/> Graded- Egg | <input checked="" type="checkbox"/> Sales Tax |
| <input type="checkbox"/> Other <u>Chiropractic license #13772</u> | _____ |

Local Ingredients:

Please list all local (Central Texas) or Texas-grown ingredients used in your products:

PRODUCT LIST:

- List items to be sold and approximate dates of season or availability.
- **Vendors may sell only what is listed here.**
- Should vendors wish to add new products at any time, a written list and description of items must be submitted to the Market Manager for approval prior to the intended sell date.
- You may list several items on each line. Attach a separate sheet if more room is needed.
- **Attach a copy of each label that will be affixed to products sold at the Market.**

Check Cottage Food Law, License (Lic), or Label in product list below, whichever is appropriate.

Farm (Produce)				Lic	Label	Dates Available
Eggs	Type	Graded	Approx. Doz./wk	Lic	Label	Dates Available
Meat				Lic	Label	Dates Available
		Frozen	Cured	Blended		
<input type="checkbox"/> Beef						
<input type="checkbox"/> Poultry						
<input type="checkbox"/> Lamb						
<input type="checkbox"/> Pork						
<input type="checkbox"/> Rabbit						
<input type="checkbox"/> Goat						
Dairy and Cheese				Lic	Label	Dates Available

Beverages		Lic	Label	Dates Available
Baked Goods <input type="checkbox"/> Cottage Food Law		Lic	Label	Dates Available
"Ready to Eat" Foods <input type="checkbox"/> Cottage Food Law		Lic	Label	Dates Available
Describe	Fresh	Frozen		
Value Added Food <input type="checkbox"/> Cottage Food Law		Lic	Label	Dates Available
Nursery Products		Lic	Label	Dates Available

Personal Care Products	Lic	Label	Dates Available
Vertiball Home Use Unit	Sales Tax	\$54.13	Any
CBD Home Use Applicator	Sales Tax	\$86.60	Any
Crafts and Arts		Label	Dates Available
Evolve Chiropractic T-shirt	Sales Tax	\$27.06	Any
Evolve Chiropractic Waterbottle	Sales Tax	\$21.65	Any
Service Providers		Label	Dates Available
Manual Muscular Therapy	13772	\$25	Any
Hypervolt Percussion Therapy	13772	\$10	Any
Other	Lic	Label	Dates Available
CBD emollient use	13772	\$5	Any
Cupping	13772	\$30	Any

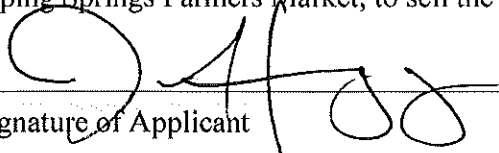
Employee/Agent/Direct Representative Assignment:

The following person(s) may serve as my employee(s)/agent(s)/direct representative(s) for the Dripping Springs Farmers Market and may sell items on my behalf.

I understand that each employee must fill out an **Important Market Rules** sheet (p.8) before selling.

Name:	Phone Number:	Text ok?
Dr. Jessica R. Parkam JH	251-769-1463 JH	No JH

The above listed parties have been contracted or employed by me, the approved grower/vendor at the Dripping Springs Farmers Market, to sell the products that have been approved for the Market.


Signature of Applicant

09/22/2020
Date

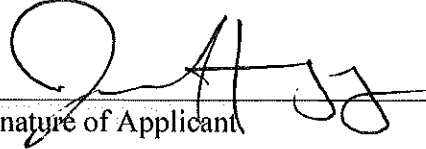
Accommodation:

If you need special assistance of any kind to participate in the market, please request specific accommodations here, or contact the Farmer's Market Manager at: farmersmarket@cityofdrippingsprings.com

PARTICIPATION AGREEMENT:

I agree to allow a representative of the Dripping Springs Farmers Market to inspect my operation.

I, the undersigned, have read and agree to comply and abide by the terms defined in the Dripping Springs Farmers Market Rules and Regulations which outlines the terms of my participation as Member of the Dripping Springs Farmers Market. I understand and agree to the above outlined Fees associated with the Farmers Market. I agree that my booth will sell only the approved items that have been listed in the above application and that I am responsible for the quality and safety of what I sell. I understand that I may be barred from participation if the Dripping Springs Farmers Market's Rules are violated.



Signature of Applicant

09/22/2020
Date


APPLICATION SUBMITTAL CHECKLIST:

- Completed and signed Vendor Participation Application
- \$25 annual Vendor Application fee (**non-refundable**) cash _____ check # 1031
- I have read the Rules and Regulations Form
- Completed Farmers Market Online Bio Form
- Included product labels for all listed market products
- Current copies of all necessary licenses and permits
- Important Market Rules signed by each sales person
- Printed map detailing directions to farm/business

All required items and information (including all applicable above listed documents and fees) must be received by the Market Manager for an application to be considered complete.

Incomplete submissions will not be reviewed or scheduled for further action until all deficient items or information has been received. Admittance to the Market is pending the approval of the Market Manager and the Market Board.

By signing below, I acknowledge that I have read through and met the above requirements for a complete submittal:



Signature of Applicant

09/22/2020
Date

\$25 Application fee must accompany application. Make checks payable to City of Dripping Springs.

Applications may be submitted to the Market Manager during market, to the receptionist at City Hall during regular business hours, or mailed to:

City of Dripping Springs
PO Box 384
Dripping Springs, TX 78620

FOR MORE INFORMATION:

- Visit the FM website: www.CityofDrippingSprings.com/page/fm.home
- Contact Laurel Robertson, Market Manager
512-858-4725 (City Hall)
farmersmarket@cityofdrippingsprings.com

DSFM IMPORTANT MARKET RULES

Every sales agent or representative must complete the following before selling. Please initial each line.

Business/Applicant: Evolve Chiropractic Sales Person: Dr. Jackson S. Humphrey

JH 1. **ATTENDANCE:** We are a year-round market. **Market Manager must receive attendance cancellations in writing (text or email) by 2pm Tuesday (day before the market).** Otherwise, weekly booth fees will be assessed. **NO EXCEPTIONS!**

JH 2. **BOOTH ASSIGNMENTS.** Vendors receive an email the Tuesday before market with booth assignments and important market information.

JH 3. **TENTS:** You are responsible for the safety of yourself and others, including any damages or injuries incurred as a result of negligence. Tents are dangerous! **ATTACHED WEIGHTS ARE REQUIRED AT ALL TIMES.** Weights are available to rent (\$10) from the Market Manager. Safe set-up and take-down procedures must be followed:

- A. Appropriate weights (minimum 20 lbs. per leg) must be in place and ready to attach prior to opening the canopy.
- B. Open canopy **WITH HELP** until weights are attached and secured.
- C. Take down the canopy in the same manner.
- D. In dangerous wind conditions, canopies may be prohibited.

JH 4. **SET-UP:** Market Manager arrives by 1:30pm. Vendors must be set up, ready to sell, with vehicles moved to vendor parking by 3pm Opening Bell.

JH 5. **VENDOR PARKING:** After unloading and before market opens, vendors must **move their vehicles to the designated vendor parking area** (to provide for safe and ample customer parking).

JH 6. **OPENING BELL:** No sales are allowed before the 3pm Opening Bell. Vendors may only fill pre-orders, distribute CSA boxes, or sell to other market vendors before 3pm.

JH 7. **EARLY BREAK-DOWN:** Vendors are required to stay for the entire market, even if they sell out early. In extenuating circumstances, a vendor must obtain permission from the Market Manager to leave before close of market.

JH 8. **PRODUCT APPROVAL:** All products offered for sale must be listed on the Vendor Application. New products must be submitted in writing (with labels, if appropriate) to the Market Manager for approval before being offered for sale.

JH 9. **TRASH:** Vendors are expected to help keep the market tidy and provide trash receptacles when offering samples. Market trash containers are for customers; **vendors must pack out their own trash at the end of the market.**

JH 10. **PETS:** Leashed dogs are allowed within the vendor's booth space. Please pick up after your pet.

JH 11. **SMOKING:** Smoking is not allowed within the market area or entrance, but is allowed in the parking lot.

JH 12. **COMPLAINTS/INCIDENTS:** See Market Manager. Forms are available at the Market Info Booth.

JH 13. **REPORTING MARKET SALES DATA:** Vendors will report estimated market sales at close of each market day.

I also agree to, in consideration of being allowed to Participate at the Dripping Springs Farmers Market, indemnify, defend and hold harmless City of Dripping Springs and the Dripping Springs Farmers Market, its agents, servants, employees, and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses whatsoever, including reasonable attorneys' fees, regardless of the merit or outcome of any such claim or suit arising out of the use or occupancy of the premises by Participant, its agents, servants, employees, and volunteers in connection with Participant's participation in the Dripping Springs Farmers Market and in the performance of services, work or activities under this Agreement and the Dripping Springs Farmers Market Rules and Regulations.

Signature

Date

09/22/2020

FOR OFFICE USE ONLY:

Verification of Market Manager: *(pending Board Review)*

Application Received Date: 9/23/20 Application Fee Received: \$25 Cash/Check #: 1031

Application Approved Date: _____ Inspection Date _____ First Market _____

Inspector/s _____

Inspection: Pass Fail If failed, why: _____

Licenses/Permits:

- | | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Food Handlers | <input type="checkbox"/> Nursery/Floral |
| <input type="checkbox"/> Food Managers | <input type="checkbox"/> Butchering facility permit stamp (Texas or USDA) |
| <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Weights and Measures Certificate |
| <input type="checkbox"/> Food Establishment Permit | <input type="checkbox"/> Alcoholic Beverage Permit |
| <input type="checkbox"/> Organic Certification | <input checked="" type="checkbox"/> Sales Tax Permit |
| <input type="checkbox"/> Graded- Egg | <input checked="" type="checkbox"/> <i>Chiropractic license</i> |
| <input type="checkbox"/> Other _____ | |

Product Labels Attached?: Yes No

I affirm that the above applicant is accepted into the Holiday Farmers Market, pending Board Review

Signature of Market Manager

Date Application Approved

Notes:





DRIPPING SPRINGS FARMERS MARKET ONLINE BIO

To improve our local outreach and internet presence, we're looking to enhance the information on our vendors

Name of Vendor Booth: Evolve Chiropractic

Briefly describe your products and/or Farmer's Market presence:

Our services primarily affect pain-relief and recovery for individuals seeking care for both acute and chronic conditions.

What makes your products/service unique?

We offer Relief, Recovery and Rehabilitation modalities that no other chiropractors in Central Texas offer
(You may provide logo and/or photos, emailed to farmersmarket@cityofdrippingsprings.com)

<p>Do you have Social Media Accounts?</p> <p>Facebook/ <u>Evolve Chiropractic TX</u></p> <p>Twitter/ <u>Evolve Chiropractic TX</u></p> <p>Instagram/ <u>Evolve Chiropractic TX</u></p> <p>Are you a GoTexan member?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Do you provide any of the following:</p> <p><input type="checkbox"/> Delivery</p> <p><input checked="" type="checkbox"/> Online Ordering Scheduling</p> <p><input type="checkbox"/> CSA</p> <p>What forms of payment do you accept at the market?</p> <p><input checked="" type="checkbox"/> Cash</p> <p><input checked="" type="checkbox"/> Check</p> <p><input checked="" type="checkbox"/> Credit/Debit card</p>
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Do you have a website? EvolveChiropracticTX.com - online scheduling available

The best email address we can share with people who might have a question about your products:

DrHumphrey@EvolveChiropracticTX.com

Do you offer products that are:

- Certified Organic
- Sustainably Grown
- GMO Free
- Gluten Free
- Vegetarian
- Vegan

<p>Received on/by:</p> <p>_____</p> <p style="text-align: right;">Date, initials</p>



Vertiball Home Therapy Unit
\$54.13



CBD Home Use Applicator
\$86.60



Evolve Chiropractic T-Shirt
\$27.06



Evolve Chiropractic Water Bottle
\$21.65

Sales and Use Tax: 3-20698-6721-9
Humphrey Chiropractic LLC DBA Evolve Chiropractic



Farmers Market Chiropractic Services Provided

Cupping \$30

Manual Muscular Release \$25

Hypervolt Percussion Therapy \$10

CBD/Biofreeze Application \$5

TX Chiropractic License #13772

Texas Board of Chiropractic Examiners

This certificate has been issued after payment of the renewal fee required by Texas Occupations Code Chapter 201.

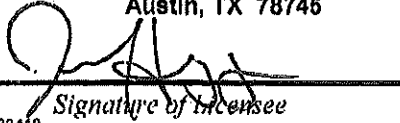
This certificate is proof that Jackson Humphrey has completed all requirements set by the State of Texas and the Texas Board of Chiropractic Examiners for licensure as a Doctor of Chiropractic. This certificate expires on February 1, 2021.

License Number: 13772
 Expiration Date: February 1, 2021
 Certificate Number: 153787


License Status: ACTIVE
 Effective Date: February 1, 2019

Jackson Scott Humphrey, D.C.
 4361 South Congress Ave., Unit 236
 Austin, TX 78745

This certificate must be clearly displayed
 in a public area.

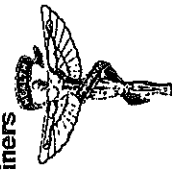


Signature of Licensee



Mark Bronson D.C., President
 Code: 396287247217A

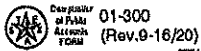
Texas Board of Chiropractic Examiners
 No. 133412



Certificate Number: 153787
 Expiration Date: February 1, 2021
 License Number: 13772
 Jackson Scott Humphrey, D.C.
 4361 South Congress Ave., Unit 236
 Austin, TX 78745

Code: 396287247217A
 License Status: Active
 Effective Date: February 1, 2019

↑ cut here ↓



TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Retailers: A seller may NOT accept a copy of this permit in lieu of a properly completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

HUMPHREY CHIROPRACTIC LLC

EVOLVE CHIROPRACTIC
 400 W HIGHWAY 290 STE B203
 DRIPPING SPRINGS
 HAYS COUNTY

TX 78620-4382

NAICS: 541990 All Other Professional, Scientific, and Technical Services

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY:	DRIPPING SPRINGS	EFF:	04/01/2020
COUNTY:	HAYS	EFF:	04/01/2020
SPD:	DRIPPING SPGS LIB DIST	EFF:	04/01/2020

You must obtain a new permit if there is a change of ownership, location, or business location name.

Type of permit	SALES AND USE TAX
Taxpayer number	3-20698-6721-9
Location number	00001
First business date of location	04/01/2020



Glenn Hegar
 Comptroller of Public Accounts

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.
 For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.
 If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.



Dripping Springs Farmers Market to 400 spring bluff center

Drive 0.4 mile, 2 min

Just up the road from the Farmers Market on the right! Our office is next door neighbor to Wildey Pediatric Dentistry, and in the same vicinity as Pizza Hut.



Map data ©2020 200 ft

Dripping Springs Farmers Market

160 E Mercer St, Dripping Springs, TX 78620

↑ 1. Head east on Loop 64/E Mercer St toward W Hwy 290

331 ft

➤ 2. Turn right onto W Hwy 290
Destination will be on the right

0.3 mi

400 spring bluff center

400 W Hwy 290, Dripping Springs, TX 78620

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.